

## (1) PLACE OF BIRTH

County of Orangeburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Limestone State Board of Health

File No.—For State Registrar Only

78672

Inc. Town of ..... Registration District No. 3611 Registered No. 58  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry White R. Orr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 25 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME William Ror(14) NAME BEFORE MARRIAGE Georgia Cannon(9) PRESENT POSTOFFICE OF FATHER Raymond SC(15) PRESENT POSTOFFICE OF MOTHER Raymond SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Orangeburg Co(18) BIRTHPLACE Orangeburg Co(13) OCCUPATION Furner Hand(19) OCCUPATION House Wife(20) Number of children born to mother, including present birth } 3(21) Number of children of this mother now living, including present birth } 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Mack(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Midwife | Raymond

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 9/9/16 (28) W. W. Buller  
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.