

(1) PLACE OF BIRTH

County of Williams
Township of Williams
or
Inc. Town of Williams
or
City of Williams

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

71337

Registration District No. 314 Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child Lewis Roy Rutledge { 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	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 15 1916</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	------------------------------------	--

FATHER.

(8) FULL NAME Leland Rutledge

(9) PRESENT POSTOFFICE OF FATHER Williams

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farm laborer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Taylor

(15) PRESENT POSTOFFICE OF MOTHER Williams

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION Farm laborer and housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Sanderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Williams

Given name added from a supplemental report

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

(27) Filed 9/7 1916 (28) W. H. Poore 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.

Form No. 10. MARGIN RESERVED FOR BINDING. WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PURCHASED RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the MICHIGAN of Columbia.