

(1) PLACE OF BIRTH

County of LancasterTownship of Gilbertown

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90536

Registration District No. 280 Registered No. 176

(For use of Local Registrar)

(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. Lewis Threatte

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>3</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME Benjamin Threatte(14) NAME BEFORE MARRIAGE Janie Perry(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Lancaster County(18) BIRTHPLACE Lancaster County(13) OCCUPATION Cotton Mill Work(19) OCCUPATION Cotton Mill Work(20) Number of children born to mother, including present birth Three(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 25 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Fennell, M.D.

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

Physician Lancaster, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 27, 1916 (28) J. D. Fennell, M.D. Local Registrar.

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.

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