

PLACE OF BIRTH
COUNTY OF Spartanburg
TOWNSHIP OF
or
TOWN OF
or
CITY OF
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
87541

Registration District No. 4008 Registered No. 734
(For use of Local Registrar)

Full Name of Child Frank Benj. Lewis St.; Ward)
(If child is not yet named, make supplemental report as directed)

BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/22/1916
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Wallace L Lewis
PRESENT POSTOFFICE OF FATHER Blifton S.C.
COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Glenn Dale S.C.
OCCUPATION Drayman
Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Talley
(15) PRESENT POSTOFFICE OF MOTHER Blifton S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Union Co. S.C.
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) D. M. Langdon (25) Address of Physician or Midwife
(24) State whether Physician or Midwife Physician Blifton 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 Nov 29 1916 (28) C. H. Parker 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.

fifth month of pregnancy.

For State Registrar Only

No. 126 Local Registrar)

number.) Ward)
et named, make report as directed

3 to 16
Day) (Year)

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