

(1) PLACE OF BIRTH

County of AikenTownship of Greenvilleor
Inc. Town of Warrenvilleor
City of Warrenville

(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

17338

(2) Full Name of Child Woodrow Lewis

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 29, 1912
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joe Lewis(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Aiken Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Daisy McHann(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE Aiken Co S.C.(19) OCCUPATION Canner(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 noon M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie McKay(24) State whether Physician or Midwife (25) Address of Physician or Midwife Warrenville 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 June 29, 1912 W. T. Turnbull, S.C. Reg. 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.