

(1) PLACE OF BIRTH

County of Aiken
Township of Mullock

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vanderbilt Lewis Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Vanderbilt Lewis(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. R.D. No. 1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Reed(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C. R.D. No. 1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Aiken S.C.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. W. Nutsen M.D.

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

Given name added from a supplemental report

, 191.

Registrar

(26) Witness

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

(27) Filed Aug 10 1916 (28) H. H. Coole 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.

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