

(1) PLACE OF BIRTH

County of ShartanburgTownship of WoodruffInc. Town of WoodruffCity of Woodruff

(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

87343

Registration District No. 408 Registered No. 68

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child Orlando B. Lewis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Bo</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 28</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Orlando B. Lewis</u>			(14) NAME BEFORE MARRIAGE <u>Miss Mary Lewis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Walterboro Co. S.C.</u>			(18) BIRTHPLACE <u>Walterboro Co. S.C.</u>	
(13) OCCUPATION <u>Engraving Picture</u>			(19) OCCUPATION <u>House-keeper</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 2:10 A.M., on the date above stated. Yr (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. N. Workman(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report

(26) Witness H. N. Workman  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/11 1916 (28) Chas. B. Bester  
Registrar 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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