

(1) PLACE OF BIRTH

County of Charleston S.C. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
88775

Township of

or
Inc. Town of

City of Charleston S.C. (No. 56 North King St. 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 Catherine Lucile Lewis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Osburn I. Lewis(14) NAME BEFORE MARRIAGE Arie Barber(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Summerville, S.C.(18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Day labor(19) OCCUPATION Home duties(20) Number of children born to mother, including present birth Four (4)(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. W. Preston M.D.

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

Physician 277 Calhoun St.

Given name added from a supplemental report

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

Registrar

(27) Filed 1/3 1917 (28) 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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