

(1) PLACE OF BIRTH

County of Anderson
 Township of Betton
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

40789

Registration District No. 300Registered No. 86
(For use of Local Registrar)

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

(2) Full Name of Child Alien Victoria Lewis

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elmer Lewis
 (9) PRESENT POSTOFFICE OF FATHER Betton R.F.D.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
 (Year)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farm Tenant
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Betton R.F.D.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
 (Year)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. J. Landers(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Williamston

Given name added from a supplemental report

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

(27) Filed 1-11- 1923 (28) William Russell
 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.