

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
71232

(1) PLACE OF BIRTH
 County of Anderson
 Township of Belton
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 300 Registered No. 119
 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 19, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Erby A. G. Lewis

(9) PRESENT POSTOFFICE OF FATHER Belton SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION R.R. hand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel V. Arnold

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. R. Haynes, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Belton S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. O. Taylor
 (27) Filed Sept 1, 1914 (28) J. O. Taylor 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.

MAJOR RESERVE FOR BIRTHS OF TWINS OR TRIPLETS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK "T" IN CASE OF TWINS OR "TR" IN CASE OF TRIPLETS. FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC. IN QUESTION 5.
 McCaw, of Columbia.