

County of Aiken  
Township of Breag

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

30740

Inc. Town of ..... Registration District No. 2.04 Registered No. 93  
City of Wassawilla (No. .... (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 Anna Lakes If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Oct 2 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Hugh Lakes</u>			(14) NAME BEFORE MARRIAGE <u>Lilla Young</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Berlin, N.Y.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Wassawilla, S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(11) BIRTHPLACE <u>Aiken Co.</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) OCCUPATION <u>Commons Lawyer</u>			(18) BIRTHPLACE <u>Lithuania</u>	
(13) Number of children born to mother, including present birth <u>5</u>			(19) OCCUPATION <u>Housewife</u>	
			(20) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Henselle Prot  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Wassawilla, S.C.

Given name added from a supplemental report  
...../191.....  
.....  
Registrar

(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed Oct 10 1913 W. P. Thurabell, B.S., M.D.  
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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