

(1) PLACE OF BIRTH

County of Anderson
 Township of Balton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

200

Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child

Anna Lewis

If child is not yet named, make
 supplemental report as directed

(3) SEX Female (4) Type of Birth Normal (5) Number in order of birth 1 (6) Date of Birth Jan 2 1923
 (7) Month Jan (8) Day 2 (9) Year 1923

FATHER.

(10) FULL NAME Jacob Lewis
 (11) RESIDENT ADDRESS OF FATHER Balton, R.F.D. #4
 (12) COLOR Negro (13) AGE AT LAST BIRTHDAY 46
 (14) OCCUPATION Anderson G
Farmer

MOTHER.

(15) FULL NAME Frances Mahala Bennett
 (16) RESIDENT ADDRESS OF MOTHER Balton, R.F.D. #4
 (17) COLOR Negro (18) AGE AT LAST BIRTHDAY 44
 (19) OCCUPATION Anderson G
House wife

(20) Number of children born to mother, including present birth 18

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (23) (Signature) R. S. Landers (24) State whether Physician or Midwife (25) Address of Physician or Midwife Balton, S.C.

Call birth as single

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 2-19-23 (28) Lillian Russell

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.