

MARCH RESERVED FOR BIRTHING.

WHEN PLACED, WITH UNIFORMS, IN A PERMANENT RECORD. IN 2-25 USE OF TUBES OR TEMPLATES AS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FINGER-PRINT, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Anderson
Township of Vasanta
Inc. Town of.....
City of.....

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

Registration District No. 313

No. 1-For this Registering
31008

Registered No. 48
(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 Letitia Dawson Davis

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

(3) SEX OR Girl (4) Type of ✓ (5) Number by ✓ (6) yes (7) DATE OF BIRTH Oct 27 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kalter Lewis
(9) PRESENT RESIDENCE OF FATHER Anderson S.C. R.F.D. #4
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE Ind. Co.
(13) OCCUPATION Farmer laborer
(14) Number of children born to mother, including present birth 11

MOTHER.

(15) NAME BEFORE MARRIAGE Samannah Paul
(16) PRESENT RESIDENCE OF MOTHER Anderson R.F.D. #4
(17) COLOR OR RACE N (18) AGE AT LAST BIRTHDAY 34
(19) BIRTHPLACE Ind. Co.
(20) OCCUPATION House & farm work
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Olga P. Smith
(24) State where Physician or Midwife Anderson (25) Address of Physician or Midwife Anderson S.C.

Give name of child from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Date Nov 23 1923 (28) C. A. Edred Local Registrar.

When this report is made by a physician or midwife, then the father, householder, etc., should make this return. If a child is born even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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S · A · F · E · T · Y · ▲ · L · M