

(1) PLACE OF BIRTH

County of SumterTownship of High

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1402No. 44151Registered No.
(For use of Local Registrar)

(2) Full Name of Child

(a) SEX OR GENDER <u>girl</u>	(b) Type or Figure To be covered only in case of Twin or Triplets	(c) Number by order of birth	(d) Sex of mother <u>1402</u>	(e) Date of birth <u>Feb 25 1904</u>
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FATHER.		MOTHER.	
(1) FULL NAME <u>Simon Longshore</u>	(14) NAME BEFORE MARRIAGE <u>Levey, Lebert</u>	(2) PRESENT RESIDENCE OF FATHER <u>Sumter</u>	(2) PRESENT RESIDENCE OF MOTHER <u>Sumter</u>
(3) COLOR OF SKIN <u>white</u>	(3) COLOR OF SKIN <u>white</u>	(4) OCCUPATION <u>farmer</u>	(4) OCCUPATION <u>Housewife</u>
(5) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN <u>1</u>	(5) NUMBER OF CHILDREN OF THE MOTHER NOW ALIVE, INCLUDING PRESENT BORN <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) <u>W. H. Longshore</u>	(30) Address of Physician or Midwife <u>Sumter</u>
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Given name added from a supplement- tal report	(31) Witness <u>W. H. Longshore</u>
(32) Filed <u>Feb 25 1904</u>	(33) Registrar <u>W. H. Longshore</u>

When there was no attending physician or midwife, then the father, householder, etc., must report in duplicate, one to the State Board of Health and one to the local registrar, before the fifth month of pregnancy.

Lebert