

MARGIN RESERVE LEFT FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Sumter

Township of .....

OR  
Inc. Town of Sumter

OR  
City of Sumter

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

(2) Full Name of Child Estella D'Amico Levi

File No.—For State Registrar Only

32417

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 410 Registered No. 181

(For use of Local Registrar)

(No. Thomson Hospital St.; Calhoun Ward)

3) SEX OR GILT

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

FATHER.

8) FULL NAME Wendell Mitchell Levi

9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

12) BIRTHPLACE Sumter S.C.

13) OCCUPATION Attorney

20) Number of children born to mother, including present birth 1st

MOTHER.

14) NAME BEFORE MARRIAGE Betha London

15) PRESENT POSTOFFICE OF MOTHER Sumter

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

18) BIRTHPLACE Attoborough Pa.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Mason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 6 1923 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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