

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 1.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Southville
or
Inc. Town of
or
City of (No. St.; Ward)
(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

File No.—For State Registrar Only

8675

Registration District No. 3602 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Levin S. Samsel Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Samsel
(9) PRESENT POSTOFFICE OF FATHER Bowman S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Orby Geo
(13) OCCUPATION Ham Sabor
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Shuler
(15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Orby Geo
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wm. Hilliard
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) March 17, 1922 (28) H. A. Patrick 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.