

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of .....or  
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

File No.—For State Registrar Only

24785

Registration District No. 314..... Registered No. 302.....

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(10) FULL NAME W. L. Livers(11) PRESENT POSTOFFICE OF FATHER Anderson R.F.D.(12) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Leola Leason(15) PRESENT POSTOFFICE OF MOTHER Piedmont St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Anderson County, S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Livers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife P. L. Livers

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/12/22 (28) W. L. Livers 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.