

File No.—For State Registrar Only

County of Alameda

STATE OF SOUTH CAROLINA

31495

Township of Center

Registration District No. 3400 Registered No. 119

(For use of Local Registrar)

City of _____

(No. St.: Ward)

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

(2) Full Name of Child L. E. Livingston If child is not yet named, make supplemental report as directed.

BOY OR
GIRL?

(4) **Twin or Triplet?**

5) Number in order of birth

(10) Are Parents Married?

DATE OF

BIRTH Sept. 11, 1932
(Name of Month) (Day) (Year)

III FULL NAME

FATHER

PRESENT
POSTOFFICE
OF FATHER

10 COLOR
OR
PAGE

(11) AGE AT LAST BIRTHDAY

12 CENTINPLACE

12. OCCUPATION

20 Number of children born to
mother, including current birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(15) COLOR OR RACE

119 BIRTHPLACE

1D OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Chloe at 9 M.
on the date above stated. 1 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) 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 11/17/10 4:53

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.