

(1) PLACE OF BIRTH

County Richland

Township of

or

Inc. Town of Chapin

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4909

Registration District No. 2103Registered No.
(For use of Local Registrar)

(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 Joseph Eargle Lever

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

Jan. 2, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank W. Lever

(9) PRESENT POSTOFFICE OF FATHER

Chapin, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Lexington Co.

(13) OCCUPATION

School Teacher

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Eargle

(15) PRESENT POSTOFFICE OF MOTHER

Chapin S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Lexington Co.

(19) OCCUPATION

Housewife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos W. DeBor Jr.

(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

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(28)

Local Registrar.19
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.

before the fifth month of pregnancy.

WHEN PLAINLY, AND IN A PERMANENT RECORD, IN CASE OF TWINS OR TRIPLETS, IN QUESTION 3, THE OTHER, No. 2, etc., in question 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.