

MARGIN RESERVED FOR BINDING.

WHITES PLAINED, WITH UNPAIDING ENO—THIS IS A PERMANENT RECORD
N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
STATIONER, No. 2. THE OTHER, No. 3, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of 3rd No.
or
Inc. Town of York
or
City of York

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2395

Registration District No. 302 Registered No. 2395
(For use of Local Registrar)

(No. 1 St. 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Livian Lybrand (If child is not yet named, make supplemental report as directed)

(3) SEX OR GRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Smith Lowmy

(9) PRESENT POSTOFFICE OF FATHER Chapin

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hanover Lybrand

(15) PRESENT POSTOFFICE OF MOTHER Chapin

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 4:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabelle Tucker (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chapin

Given name added from a supplemental report

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

(27) Filed Jan 6 1922 (28) 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.