

(1) PLACE OF BIRTH

County of Colleton  
 Township of Peck  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**58295**

Registration District No. 201 Registered No. 19  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 13 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Lennie Livingston</u>		(14) NAME BEFORE MARRIAGE <u>Lucy Graham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Stirling</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Stirling</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Stirling</u>		(18) BIRTHPLACE <u>Stirling</u>		
(13) OCCUPATION <u>Farm Hand</u>		(19) OCCUPATION <u>Nurse Farm Work</u>		
(20) Number of children born to mother, including present birth <u>Three</u>		(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:25 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. ...  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Stirling

Given name added from a supplemental report  
191  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Wm. B. ...  
 (27) Filed 191 (28) Local Registrar Wm. B. ...

\*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.

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