

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Corryville  
 or  
 Inc. Town of Greenland  
 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

4501

Registration District No. 3105 Registered No. 14  
 (For use of Local Registrar)

(2) Full Name of Child Levi (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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. G. Kanasala(9) PRESENT POSTOFFICE OF FATHER Newbrookland(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33  
 (Years)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Viola Kanasala(15) PRESENT POSTOFFICE OF MOTHER Newbrookland(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Years)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John L. Kreeg (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newbrookland

(Given name added from a supplemental report)

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

(27) Filed 27 1923 (28) J. L. Kreeg 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.