

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH * STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 22647
County of <u>Sperry</u> Township of <u>Little River</u> or Inc. Town of..... or City of		Registration District No. <u>2507</u> Registered No. <u>24</u> (For use of Local Registrar)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		
(2) Full Name of Child <u>Ila Berta Livingston</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 7, 1922</u> (Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Collins Livingston</u> (9) PRESENT POSTOFFICE OF FATHER <u>Wampscott S.C.</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Year) (12) BIRTHPLACE <u>Wampscott S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>6</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Hettie Estine</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Wampscott S.C.</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>37</u> (Year) (18) BIRTHPLACE <u>Wampscott S.C.</u> (19) OCCUPATION <u>Domestic work</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>April 7, 1922</u> at <u>2 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Catharine Randall</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physn. or Midwife <u>Wampscott S.C.</u> Given name added from a supplemental report (26) Witness <u>Maria A. Treen</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Apr 21, 1922</u> (28) <u>B. Hoshee Tol</u> Registrar 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.