

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MCCANN OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Liberty  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (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

139-23-048987

Registration District No. 3610 Registered No. 61  
 (For use of Local Registrar)

(2) Full Name of Child Levon M. Michael

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME R. M. Michael

(9) PRESENT POSTOFFICE OF FATHER North SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 54 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie M. Michael

(15) PRESENT POSTOFFICE OF MOTHER North SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Rosa M. Michael(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orange SC

Given name added from a supplemental report

Attended P-1... OCT. 21. 1983

..... 19 .....

Registrar

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

(27) Filed Jan 9 1925 (28) B. P. Guin 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.

AFFIDAVIT NEXT FRAME