

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor
Inc. Town ofor
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

30985

Registration District No. 1904Registered No. 114
(For use of Local Registrar)(2) Full Name of Child Levitt Williams

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

(6) Are Parents Married? No(7) DATE OF BIRTH Sept 21
(Name of Month) (Day) (Year)(8) FULL NAME Mrs. Williams

FATHER.

(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE Laurens Co SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One(14) NAME BEFORE MARRIAGE Evelyn Garrett

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Laurens Co SC(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Male at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary M. Bishop(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness L. E. Bishop

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 25 191.... (28) L. E. Bishop 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.

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