

(1) PLACE OF BIRTH

County of CalletonTownship of Meriden

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3530

Registration District No. 1409Registered No. 11

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Burnice Levent

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 17, 1923

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME William Levent(9) PRESENT POSTOFFICE OF FATHER Shallubris(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Idaho(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Crosby(15) PRESENT POSTOFFICE OF MOTHER Shallubris S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Idaho(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was L. O. M. R. R. at 10 A.M. on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(23) (Signature) Dr. C. J. R. R.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shallubris S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 17, 1923(28) Local Registrar W. B. R. R.

*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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