

(1) PLACE OF BIRTH

County of DaltonTownship of Barberor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3895

Registration District No. 1504Registered No. 3
(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 Levin Paul If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 5 1922
(Name of Month) (Day) (Year)FATHER (8) FULL NAME Levin Paul (9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years) (12) BIRTHPLACE S.C. (13) OCCUPATION FarmerMOTHER (14) NAME BEFORE MARRIAGE Pauline Holton (15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years) (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Timmonsville 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 Jan 12 1922 (28) P. J. Chapter 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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