

(1) PLACE OF BIRTH

County of Livingston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33035

Township of .....

Inc. Town of New Brookland

City of .....

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

Registration District No. 31025Registered No. 120

(For use of Local Registrar)

(No. At Home St. 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 Dorothy Savara

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH September 14 1929

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Harmon Savara(9) PRESENT POSTOFFICE OF FATHER New Brookland S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Livingston(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 5

## MOTHER.

(15) NAME BEFORE MARRIAGE Caroline Charles(16) PRESENT POSTOFFICE OF MOTHER New Brookland S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE Livingston(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)(23) (Signature) Midwife Rhoda Wiley (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Name added from a supplemental report

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

(28) Filed Oct 5 - 23 (29) J.C. - Lyle 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.

REPORT ONE MONTH AFTER BIRTH.