

FORM NO. 1 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

At (Law) of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of RFD 6
or
City of RFD 6 (No. 6)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2209 Registered No. 451
(For use of Local Registrar)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
77283

(2) Full Name of Child. Ruby Livingston { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parents <u>Married</u>	(7) DATE OF BIRTH <u>8-13-1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Burt Livingston</u>			(14) NAME BEFORE MARRIAGE <u>Chowey Beddow</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>VA</u>		(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)		
(13) OCCUPATION <u>Dealer</u>		(18) BIRTHPLACE <u>VA</u>		
(19) OCCUPATION <u>house</u>		(20) Number of children of this mother now living, including present birth <u>10</u>		
(21) Number of children born to mother, including present birth <u>10</u>		(22) Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greenville

Given name added from a supplemental report

....., 191....

Registrar

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

(27) 20-1916 (28) A. H. Mackey 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.