

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No. For State Register Only  
66378

County of

Sumter

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Township of

Comcast

Inc. Town of

Registration District No.

4140

Registered No.

54

(For use of Local Registrar)

City of

(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

Katrina Levine

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?

(7) DATE OF BIRTH

12.18.28

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME

Andrew Levine

(14) NAME BEFORE MARRIAGE

Sarah Potts

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C. RA

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C. RA

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Sumter Co

(18) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Working

(19) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(Hour A. M. or P. M.)

(23) (Signature)

Hancey J. Potts

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Medical Sumter S.C. RA

When there was no attending physician or midwife, then the father or mother or other person who was present at the birth of the child must be present at the birth of the child.

(26) Witness

(27) When necessary, fill in name of person who signed for mother

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