

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Eastonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6659

Registration District No. 208 Registered No. 33

(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 Peter Levine 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 March 22, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Levine(9) PRESENT POSTOFFICE OF FATHER Cross S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Ramsey(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(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 at 12 day
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Burney(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

(26) Witness Lillian Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 30, 22 (28) D.W. Cross
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.