

(1) PLACE OF BIRTH

County Marion
 Township of Russell
 or
 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

15902

Registration District No. 3206Registered No. 16
(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 Levon Hannah

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married No

(7) DATE OF BIRTH

May 31 22
(Name of Month (Day) (Year))(8) FULL NAME OF FATHER Jon. Gary Davis(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Marion co. S.C.(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Eloise Hannah(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Marion co. S.C.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White 39 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Powell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 5 22 (28) F. M. Bonthright
Registrar 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.