

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. Paul
 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

6583

Registration District No. 1311Registered No. 17
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Clayey Livingston 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 Feb. 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Junius Livingston(9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Clarendon Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Linnie Luson(15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Clarendon Co. S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Phoebe Bennett

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife St. Paul S.C.

Given name added from a supplemental report

(25) Witness W. R. Henry King
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 2/28 1923 (27) Local Registrar J. H. King

*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.