

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2508

No. 10.—For State Registrar Only

41035

Registered No. 127
(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 Annice Leven Leven (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL 3y (4) Twin or Triplet No (5) Number in order of birth 10 (6) Sex Female (7) DATE OF BIRTH Dec 23 19 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Memory Cornell(9) PRESENT RESIDENCE OF FATHER Nichols St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Horry County S.C.(13) OCCUPATION Farm. tenant(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Janana Ray(15) PRESENT RESIDENCE OF MOTHER Nichols St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Horry County S.C.(19) OCCUPATION Home wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Shirley at S.C. on the date above stated. (Signed or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

(24)

(Place, whether

Physician, midwife

(Address of Physician or Midwife)

(Given name added from a supplemental report)

(25) Witness

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

(27) Filed

Dec 23 19 20

(28) 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.