

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of R. E. Bluff
 or
 Inc. Town of McCauley
 or
 City of Se

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43782

Registration District No. 3305 Registered No. 157
 (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 Thelma Catheline Levinger (If not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 3 1922</u> (Name of Month) (Day) (Year)
---------------------------------	--	------------------------------	---------------------------------------	--

FATHER.

(8) FULL NAME John Arch Levinger
 (9) PRESENT POSTOFFICE OF FATHER McCauley SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Scotland Co NC
 (13) OCCUPATION Cotton Mill Work

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Levinger
 (15) PRESENT POSTOFFICE OF MOTHER McCauley SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Scotland Co NC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(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 Born alive at 7 P.M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. S. E. Buehner

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife McCauley SC

Given name added from a supplemental report

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

(27) Filed Dec 13 1922 (28) J. H. Neathery 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.