

5. 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.

MISSISSIPPI OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Proctor  
Township of Liberty  
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. 3705

File No.—For State Registrar Only  
**36094**

Registered No. 131  
(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 Luciela Mayvate

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Oct 21 19 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Guy FATHER Livingston  
Guy MOTHER Livingston

(9) PRESENT POSTOFFICE OF FATHER

Liberty

(10) COLOR OR RACE

color

(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

farming

(14) NAME BEFORE MARRIAGE

MOTHER.

Alice Kane

(15) PRESENT POSTOFFICE OF MOTHER

Liberty S.C.

(16) COLOR OR RACE

color

(17) AGE AT LAST BIRTHDAY 19  
(Years)

(18) BIRTHPLACE

Pickens Co S.C.

(19) OCCUPATION

housewife

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

1

(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 10 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bell Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 25 19 22

(28) John T. Byers  
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.

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