

(1) PLACE OF BIRTH
 County of Macon
 Township of Peakes
 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
27136

Registration District No. 3105 Registered No. 24
 (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 Clark Leavelington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of twins or triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 1912
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John E. Livingston
 (9) PRESENT POSTOFFICE OF FATHER Nichols, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Dillon, S.C.
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Shartanburg S.C.
 (19) OCCUPATION Housewife
 (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 born alive..... at 11... A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Bullen
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Nichols S.C.

Given name added from a supplemental report

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

(27) Filed 7/7/12 (28) M. G. Lambert
 Sub. 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.