

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Path

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis A. Levine { If child is not yet named, make supplemental report as directed.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6459

Registration District No. 307 Registered No. 31
(For use of Local Registrar)

St.; Ward)

(4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 3-10-22
(Name of Month) (Day) (Year)

FATHER:

(1) NAME BEFORE MARRIAGE Franklin A. Levine(2) PRESENT POSTOFFICE OF FATHER Honea Path S.C.(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Greenmice Operator(14) Number of children born to mother, including present birth 2

MOTHER:

(14) NAME BEFORE MARRIAGE Marie Bee Nagah(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(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 at 8 A M., (Born alive or stillborn) - (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. A. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path 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 March 30, 1922 (28) J. A. Williams 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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