

## (1) PLACE OF BIRTH

County of

Cherokee

Township of

Levensville

or

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3637

Registration District No.

1006

Registered No.

22

(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

Betty May Able

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

No

(7) DATE OF BIRTH

2-28-22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Frank Able

(9) PRESENT POSTOFFICE OF FATHER

Charlotte N.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Ethel Lyle

(15) PRESENT POSTOFFICE OF MOTHER

Richburg S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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

alive at 2:30 P.M.

on the date above stated.

(23) (Signature)

Emma Woods

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Columbia S.C. Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "Stillborn")

(27) Filed

3-15-22

(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.

IN CASE OF TWINNING OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED AT COLUMBIA, S. C.