

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.

(1) PLACE OF BIRTH

County of Wades
 Township of Windsor
 or
 Inc. Town of
 or
 City of Windsor

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

File No.—For State Registrar Only
62894

Registration District No. 215 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frank Levine
 (9) PRESENT POSTOFFICE OF FATHER Windsor S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Effie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Windsor
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)
 (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 M., on the date above stated.
(Born Alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. R. Smith M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report
Not in 1916
Ch. Smith 19 ..
June 25 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 30 19 16 (28) J. R. Smith Local Registrar.

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

O. L. Weeks