

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 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

24651

Registration District No. 32Registered No. 1051
(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH June 10, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Levinis Halliwell
 (9) PRESENT POSTOFFICE OF FATHER Greenwood, SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Greenwood, South Carolina
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth One

(14) NAME BEFORE MARRIAGE Christine Mathews
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer, RFD
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Greenwood, South Carolina
 (19) OCCUPATION Domestic & Farm work
 (21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Daniels

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer, SC

Area name added from a supplemental report

(26) Witness

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

(27) Filed Sept 5, 1922(28) M. L. Lenchard 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.