

1) PLACE OF BIRTH

County of Union

Township of Union

Town of Union

City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

22703

Registration District No. 42 Registered No. 112
(For use of Local Registrar)

2) Full Name of Child Ray Jones Livezey If child is not yet named, make supplemental report as directed

(4) Twin or original? Boy (5) Number in order of birth Two

(6) Are Parents Married? Yes (7) DATE OF BIRTH July 17, 1923
(Name of Month) (Day) (Year)

FATHER: Ray Jones Livezey

MOTHER: (14) NAME BEFORE MARRIAGE Eddie Muel

(15) PRESENT POSTOFFICE OF FATHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Hot Springs Ark

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born July 17, 1923 at Union S.C. on the date above stated.

(23) (Signature) J. M. [Signature] (24) State of South Carolina (25) Address of Physician or Midwife Union S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Filed 8 10, 1923 (28) [Signature] Local Registrar

3) Name added from a supplemental report

4) If the attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth is reported, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.