

(1) PLACE OF BIRTH

County of Levy

Township of Levy

Inc. Town of Levy

City of Levy

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4218

Registration District No. 2502

Registered No. 4  
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL?

(4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

Name of Month (Day) Year

To be answered only in event of Twin or Triplet

FATHER.

MOTHER.

8) FULL NAME

(14) NAME BEFORE MARRIAGE

9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

(18) BIRTHPLACE

13) OCCUPATION

(19) OCCUPATION

20) Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Record of Witness necessary only when 23 is signed by mark

\*When there was no attendance if a child breathes even

(26) (Signature)

(27) (Signature)