

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Church*

or Inc. Town of *Parish*

City of *Parish*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
76080

Registration District No. *901* Registered No. *32*
(For use of Local Registrar)

City of *Parish* (No. *901* St.; *32* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Leadora Livia* { 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 (6) Are Parents Married? *no* (7) DATE OF BIRTH *Sept 27 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Livia*

(9) PRESENT POSTOFFICE OF FATHER *Mr. Pleasant*

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY *36*
(Years)

(12) BIRTHPLACE *Christ Church Parish*

(13) OCCUPATION *Laborer*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lavinia Watson*

(15) PRESENT POSTOFFICE OF MOTHER *Mr. Pleasant*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE *Christ Church Parish*

(19) OCCUPATION *Farming*

(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 *3* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Midwife (23) (Signature) *Martha C. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mr. Pleasant*

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed *Oct 1 1916* (28) *J. Gregorie* 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.