

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

19709

Registration District No.

Registered No. 24
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		Yes	June 28 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER
Daniel Livingston	Orangeburg SC	Eller Young	Orangeburg SC
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
Negro	22 (Years)	Negro	20 (Years)
(12) BIRTHPLACE	(13) OCCUPATION	(18) BIRTHPLACE	(19) OCCUPATION
S.C.	Farming	S.C.	Housewife
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth		
11	1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 30 1922 (28) B. P. Lue 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.