

MARGIN RESERVED FOR BINDING.
WHITE 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.
RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell
Township of North
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

84362

Registration District No. 12 Registered No. 79
(For use of Local Registrar)

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

(2) Full Name of Child Percy Herman Livingston 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? yes (7) DATE OF BIRTH Nov 13 19 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME P. F. Livingston
(9) PRESENT POSTOFFICE OF FATHER Cambree

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Sawmill Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Erather Call

(15) PRESENT POSTOFFICE OF MOTHER Cambree

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2:45 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Stokes

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Midway

Given name added from a supplemental report

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

(27) Filed Dec. 8 19 16 (28) J. H. Altman 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.