

(1) PLACE OF BIRTH

County of York
 Township of Livingston
 or
 Inc. Town of
 or
 City of

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

Registration District No. 4407

38111 X

Registered No. 151
 (For use of Local Registrar)

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

(2) Full Name of Child

(a) SEX OR CHILD Male (b) Age 2 (c) Date of Birth 2/14/23 (d) Time 9:20 (e) Place of Birth Livingston, S.C.

FATHER.

(a) Full Name Master McCurdy(b) Present Postoffice of Father Livingston(c) Color or Race W (d) Age at Last Birthday 36(e) Birthplace Livingston, S.C.(f) Occupation Furnace(g) Number of children born to mother, including present birth 1-7-

MOTHER.

(a) Full Name Kate Pringle(b) Present Postoffice of Mother Livingston(c) Color or Race W (d) Age at Last Birthday 26(e) Birthplace Livingston, S.C.(f) Occupation Housewife(g) Number of children of this mother now living, including present birth 1-7-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(2) (Signature) M. B. Ward(3) State whether Physician or Midwife Physician(4) Address of Physician or Midwife Livingston

Given name added from a supplemental report

(5) Witness

(Signature of Witness necessary only when question 11 is signed "Stillborn")

(6) Filed

Feb - 19 - 23

(7) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.