

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.

(1) PLACE OF BIRTH

County of Horry
 Township of Little River
 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

22654

Registration District No. 2507

Registered No. 33
 (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 Wason H. Livingston

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam J. Livingston

(9) PRESENT POSTOFFICE OF FATHER Wampau

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 52
 (Years)

(12) BIRTHPLACE Wampau

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 51

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret V. Green

(15) PRESENT POSTOFFICE OF MOTHER Wampau

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24
 (Years)

(18) BIRTHPLACE Wampau

(19) OCCUPATION House work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:55 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Edith M. Randall

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wampau S.C.

Given name added from a supplemental report

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

(27) Filed May 19, 1922 (28) [Signature] 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.