Draft grant

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3255

(1) PLACE OF BIRTH
County of Berkeley
Township of Goose Creek
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.)

Registration District No. 703 Registered No. 20
(For use of Local Registrar)
St.: Ward)
(No.

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

(2) Full Name of Child Lillie Livingston

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month)	(Day)	(Year)
girl		first	yes	Feb	15	22

FATHER

(9) FULL NAME: Jethro Livingston
(9) PRESENT POSTOFFICE OF FATHER: Charleston
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY (Years): 33
(12) BIRTHPLACE: Berkeley Co
(13) OCCUPATION: Laborer
(20) Number of children born to mother, including present birth: 9

MOTHER

(14) NAME BEFORE MARRIAGE: Lela Reed
(15) PRESENT POSTOFFICE OF MOTHER: Moncks Corner
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY (Years): 21
(18) BIRTHPLACE: Orbill
(19) OCCUPATION: Laborer
(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3.04 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Sarah Jane Ayers
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Cooley St

Given name added from a supplemental report

(Registrar)

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 23 1922 (28) R M Bostwick
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.

M. 3—To make one of these certificates, fill in the blanks with typewriter or pen and ink. WRITE PLAINLY. Where the information required is not known, the word UNKNOWN should be written. Do not use ditto marks. Make no erasures. Use no abbreviations. Cross out words not applicable, as directed. Sign and return to Registrar of Vital Statistics, State Board of Health, Columbia, S. C. Penalty for neglect or refusal to report, $10 to $100. (See Section 2, Act No. 179, Acts of 1915.)

REGISTRATION REQUIRED BY LAW. PENALTY FOR NEGLECT, $10 TO $100. (See Section 2, Act No. 179, Acts of 1915.)