

SECTION SEPARATED FOR FILING.
NOTE PLAINLY, WITH NO WRITING, INSTRUCTIONS IN A FORM EVERY DEPT. DESK
FIRST-BORN. No. 1. THIS FORM, No. 2, etc., on question 3
Section of Columns. Column 3

1) PLACE OF BIRTH
County of Salmon
Township of Lyons
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
3087

Registration District No. 802 Registered No. 21
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

2) Full Name of Child Abraham Levi
(If child is not yet named, make supplemental report as directed)

3) SEX OR Boy 4) Twin or Triplet? No 5) Number in order of birth 1st
To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes 7) DATE OF BIRTH 4 4 23
(Name of Month) (Day) (Year)

8) FATHER. FULL NAME Abraham Levi

9) MOTHER. NAME BEFORE MARRIAGE Abraham Levi

10) PRESENT POSTOFFICE OF FATHER Camden SC

11) PRESENT POSTOFFICE OF MOTHER Camden SC

12) COLOR OR RACE White 13) AGE AT LAST BIRTHDAY 14 (Year)

14) COLOR OR RACE White 15) AGE AT LAST BIRTHDAY 2 (Year)

16) BIRTHPLACE Camden SC

17) BIRTHPLACE Camden SC

18) OCCUPATION Farmer

19) OCCUPATION Farmer

20) Number of children born to mother, including present birth 6

21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Robertson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Camden SC

Given name added from a supplemental report

(26) Witness Mrs. Smith (Signature of Witness necessary only when question 23 is signed by Mark)

(27) Filed 3 = 6 = 1923 (28) W. F. Kelly

*When there is no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the birth month of pregnancy.