

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town ofor
City of Union

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No. - For Use Registrar Only

20369

Registration District No. 42 A Registered No. 80

(For use of Local Registrar)

City of Union (No. Moore St St. 44 Ward)(2) Full Name of Child. Livian Elizabeth Proctor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29 22</u> <small>(Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ernest Floyd Proctor(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Elnora Bradshaw(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Spartanburg Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 11:45 A.M. on the date above stated. (Born live Stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Sallay

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

M.D. Union S.C.

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 24 is signed or marked

(27) Date 7-10-22 Local Registrar

When there was no attending physician or midwife, then the father, mother, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths before the month of pregnancy.

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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.