

(1) PLACE OF BIRTH

County of BerkeleyTownship of Westor
Inc. Town ofor
City of

(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 State Registrar Only

37357

Registration District No. 703Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child

Annice Levy

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov 5 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arminius Small

(9) PRESENT POSTOFFICE OF FATHER

Moncks Corner

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Levy

(15) PRESENT POSTOFFICE OF MOTHER

Moncks Corner

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farmer

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lavinia Reynolds

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeMoncks Corner

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 23 is signed in mark)

(27) Filed

11-13-27

(28)

D. M. Pearson
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.