MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 34494

(1) PLACE OF BIRTH

County of Georgetown

Township of #2

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 2101 Registered No. ~~58~~ 59 (For use of Local Registrar)

(2) Full Name of Child Florence Levingston {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? no | (7) DATE OF BIRTH Oct 3 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Abram Levingston	(14) NAME BEFORE MARRIAGE	Martha Smith
(9) PRESENT POSTOFFICE OF FATHER	Georgetown, S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Georgetown, S.C.
(10) COLOR OR RACE	B.	(16) COLOR OR RACE	B.
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Georgetown Co. S.C.	(18) BIRTHPLACE	Georgetown Co. S.C.
(13) OCCUPATION	Public work.	(19) OCCUPATION	Farm work.
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ellen Washington

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Georgetown, S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 10/19 1922 (28) A. J. Tilton
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.