

(1) PLACE OF BIRTH Livingston

CERTIFICATE OF BIRTH

County of Sanford

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Sanford

OF

Inc. Town of

OF

City of

Registration District No.

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Julian

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

FATHER.

(8) FULL NAME Wm. Rodgers(9) PRESENT POSTOFFICE OF FATHER Wettersburg, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36(12) BIRTHPLACE Saluda, S.C.(13) OCCUPATION Lumberman(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Priscilla Harrison(16) PRESENT POSTOFFICE OF MOTHER Wettersburg, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 28(19) BIRTHPLACE Saluda, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. M. McNeill

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

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