

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registration Only
50665

(1) PLACE OF BIRTH
 County of Union
 Township of Union

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

Registration District No. 4207

Registered No. 148
 (For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Levin D. Douthett Jr.

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

(3) BOY OR GIRL? Boy
 (4) Twin or Triplet? 2
 (5) Number in order of birth 2
 to be reported only in case of twins or triplets

(6) Are Parents Married? Yes
 (7) DATE OF BIRTH Feb 26 1916
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Levin D. Douthett

MOTHER
 (14) NAME BEFORE MARRIAGE Sula May Statz

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Spartanburg S.C.

(18) BIRTHPLACE Darlington S.C.

(13) OCCUPATION Mill operator

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(22) 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 at (House or place of birth) (Month) (Day) (Year) (P.M.)

(23) (Signature) D. H. Mulvaney M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed Feb 29 1916

(28) J. S. Sarvatt Local Registrar

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.

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.