

(1) PLACE OF BIRTH

County of AbbeTownship of Summit

Inc. Town of

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
62794Registration District No. 106 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Vanessa Leowan

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u>
FATHER.				MOTHER.
(8) FULL NAME <u>Commodore Leowan</u>				(14) NAME BEFORE MARRIAGE <u>Josie Burkin</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Live Land S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Live Land S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Anderson Co.</u>	(18) BIRTHPLACE <u>Anderson Co.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Field hand</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Commodore Leowan(24) State whether Physician or Midwife Farmer (25) Address of Physician or Midwife Live Land 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 June 17, 1916 (28) J. C. Tribble Jr. 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.

TWIN 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.