

MARGIN DESERVED FOR BINDING.  
WHITE FLAINLY, 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.

**(1) PLACE OF BIRTH**  
County of Newberry  
Township of T. 5  
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.)

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

Registration District No. 3409 Registered No. 17  
(For use of Local Registrar)

**(2) Full Name of Child** Levin Bee Otter (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>✓</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>9</u>	6) Are Parents Married? <u>✓</u>	7) DATE OF BIRTH <u>June 7, 1924</u> (Name of Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
8) FULL NAME <u>Mac K Otter</u>	14) NAME BEFORE MARRIAGE <u>Carrie Simon</u>	9) PRESENT POSTOFFICE OF FATHER <u>Kimberly SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Kimberly SC</u>
10) COLOR OR RACE <u>Colored</u>	11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	16) COLOR OR RACE <u>Colored</u>	17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
12) BIRTHPLACE <u>Newberry Co</u>		18) BIRTHPLACE <u>Newberry SC</u>	
13) OCCUPATION <u>Farming</u>		19) OCCUPATION <u>House Wife</u>	
20) Number of children born to mother, including present birth <u>19</u>		21) Number of children of this mother now living, including present birth <u>19</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at 11... A.M.... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Levin Bee Otter  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Kimberly

Given name added from a supplemental report.....  
.....  
....., 19... Registrar

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

(27) Filed June 8, 1924 (28) L. R. Miller  
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.