

(1) PLACE OF BIRTH

County of AikenTownship of Rocky Springor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 216

File No.—For State Registrar Only

20741Registered No. 32
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Katie May South

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

(3) <u>BOY OR GIRL?</u> <u>Girl</u>	(4) <u>Twin or Triplet?</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>Yes</u>	(7) <u>DATE OF BIRTH</u> <u>June 28, 22</u> (Name of Month) (Day) (Year)
--	--	-------------------------------------	---	--

FATHER.

(8) FULL NAME Alvin South(9) PRESENT POSTOFFICE OF FATHER Levin(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Aiken Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mari Adams(15) PRESENT POSTOFFICE OF MOTHER Levin(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 99 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Levin(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Levin

Given name added from a supplemental report

(26) Witness Levin
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 15 22 (28) Levin
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.