

(1) PLACE OF BIRTH

County of Lenoir
 Township of North Penn
 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

File No. — For State Registrar Only
64837

Registration District No. 2507 Registered No. 187
 (For use of Local Registrar)

(2) Full Name of Child Belaine Livingston

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 21</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter Livingston</u>	(14) NAME BEFORE MARRIAGE <u>Larab Lewis</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Siler</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Waverly</u>	(18) BIRTHPLACE <u>Waverly</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</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>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Caroline X. Hunter
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Waverly

Given name added from a supplemental report 191...
 Registrar

(26) Witness B. A. Vaughn
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 27 1916 (28) R. B. Brown Local Registrar

THESE COPIES OR TRIPLETS use a SEPARATE BLANK for each child, and use the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. M. CAV. C. C.

*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.