

## (1) PLACE OF BIRTH

County of Hand  
 Township of Citile. Mass.  
 OF  
 Inc. Town of.....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

7112

Registration District No. 1507 Registered No. 19  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child Mary Lucile Livingston  
 (If child is not yet named, make supplemental report as directed)

(3) Boy (4) Twin or Triplet? (5) Yes (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23 1923  
 (To be answered only in event of Twin or Triplet)

FATHER.  
 (8) FULL NAME Luther Livingston  
 (9) PRESENT POSTOFFICE OF FATHER Hand, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33  
 (12) BIRTHPLACE Hand Co. S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth Five

MOTHER.  
 (14) NAME BEFORE MARRIAGE Susa Steel  
 (15) PRESENT POSTOFFICE OF MOTHER Hand, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Hand Co  
 (19) OCCUPATION Farmhouse work  
 (21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Born alive ... at 1:20 P.M. on the date above stated. (Hour ... M. ... P.M.)

(23) (Signature) Rashland Knight  
 (24) State Physician or Midwife (25) Signature of Physician or Midwife Hand, 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 3/6 19 23 (28) Chas. J. Hall 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3

Bureau of Columbia, Columbia, S. C.