

(1) PLACE OF BIRTH

County of

Township of

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

Registration District No. 3609

File No.—For State Registrar Only

4850

Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child

Janie Levine

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

(3) SEX OR
GIRL

Girl

(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Feb. 21, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

John Levine

(9) PRESENT
POSTOFFICE
OF FATHER

Holly Hill S.C.

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

(14) Number of children born to
mother, including present birth

1 4

MOTHER.

(15) NAME BEFORE
MARRIAGE

Olga Graham

(16) PRESENT
POSTOFFICE
OF MOTHER

Holly Hill S.C.

(17) COLOR
OR
RACE

Negro

(18) AGE AT LAST
BIRTHDAY

27

(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Farm Hand

(21) Number of children of this mother
now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

Mar 9, 1923

(28) 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.