

22-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 1.

(1) PLACE OF BIRTH

County of Aiken
Township of Rocky Spring
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

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Registration District No. 216

Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Person 10 (7) DATE OF BIRTH Jan 29 1923
(Time of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jake Livingston
(9) PRESENT POSTOFFICE OF FATHER Perry S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm
(14) Number of children born to mother, including present birth 1.8

MOTHER.
(15) NAME BEFORE MARRIAGE Curtis Harrison
(16) PRESENT POSTOFFICE OF MOTHER North S.C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 38 (Year)
(19) BIRTHPLACE S.C.
(20) OCCUPATION Farm
(21) Number of children of this mother now living, including present birth 1.8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 29 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Middle
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry S.C.

(Given name added from a supplemental report)
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Registrar

(26) Witness (Signature of Witness necessary when question 23 is signed by midwife)
(27) Filed Jan 31 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.