

(1) PLACE OF BIRTH

County of Lynch
Township of Buffalo, D.C.
OF
Inc. Town of Bo. Annville
OF
City of

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

No. for State Registrar Only
20422

Registration District No. 43B Registered No. 105
(For use of Local Registrar)

City of (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 James Edward Levine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Sept 23 1923
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME John Poyer
(9) PRESENT POSTOFFICE OF FATHER Chester, D.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20? (Year)
(12) BIRTHPLACE D.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lula Levine
(15) PRESENT POSTOFFICE OF MOTHER Buffalo, D.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Year)
(18) BIRTHPLACE D.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P.M. on the date above stated. (Specify if stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. J. ...
(24) State South Carolina (25) Address of Physician or Midwife Buffalo, D.C.
Physician

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Oct 10 1923 (28) Joe J. ... 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.

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