

## (1) PLACE OF BIRTH

County of NewberryTownship of NO. 1

Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19560

Registration District No. 3402 Registered No. 42  
(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 Maggie Livingston { If child is not yet named, make supplemental report as directed(3) SEX Female (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) NAME Edwin Livingston(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR Black (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Newberry Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hodges(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR Black (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Newberry Co S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X. Hodges

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife, Newberry S.C.(26) Witness A. S. Cunningham  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 3 1922 (28) A. S. Cunningham Local Registrar.

Given name added from a supplemental report

....., 191.....

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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