

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19774

Registration District No. 3.0.0. Registered No. 92

(For use of Local Registrar)

(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 Kita Leventt If child is not yet named, make supplemental report as directed(3) SEX OF
CHILD(4) Twin
or Triplet
To be answered only in case of Twins or Triplets(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH July 8, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEArthur Leventt(9) PRESENT
POSTOFFICE
OF FATHERBelton S.C.(10) COLOR
OR
RACEnegro(11) AGE AT LAST
BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Belton S.C.

(13) OCCUPATION

farmer(14) Number of children born to
mother, including present birth8

MOTHER.

(14) NAME BEFORE
MARRIAGEAline Hastington(15) PRESENT
POSTOFFICE
OF MOTHERBelton S.C.(16) COLOR
OR
RACEnegro(17) AGE AT LAST
BIRTHDAY 31
(Years)

(18) BIRTHPLACE

Belton S.C.

(19) OCCUPATION

Wife(20) Number of children of this mother
now living, including present birth5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M.
on the date above stated. (If stillborn, state (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

July 14, 1923

(28)

J. H. Hester
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.