

(1) PLACE OF BIRTH

County of Hillbender

Township of

or

Inc. Town of

or

(City of Columbia SC)

(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. 38

File No. - For State Registrar Only
5071

Registered No. 161
(For use of Local Registrar)

St. First Ward

(2) Full Name of Child Levey Lawrence

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

(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25 23
To be answered only in event of Twin or Triplet
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Cl Frank Browde

(14) NAME BEFORE MARRIAGE Annie Keley

(9) PRESENT POSTOFFICE OF FATHER 623 lower st

(16) PRESENT POSTOFFICE OF MOTHER 623 lower st

(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 36
(Year)

(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 32
(Year)

(15) BIRTHPLACE Windsborough SC

(18) BIRTHPLACE Windsborough SC

(13) OCCUPATION Day labor

(19) OCCUPATION house keep

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Maggie Jones
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife 1419 Whaley St

Given name added from a supplemental report

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

19 23 Registrar (27) Filed Mar 26 1923 (28) W. J. ... 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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STATE OF SOUTH CAROLINA, Columbia SC