

(1) PLACE OF BIRTH

County of Franklin
Township of One Million
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 2011... Registered No. 93.....
(For use of Local Registrar)

File No.—For State Registrar Only

3834

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

(2) Full Name of Child

3) SEX OF GIRLS	4) Twin or Triplet?	5) Number in order of birth *	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Feb 27 1921</i> (Name) (Month) (Day) (Year)
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FATHER.

(9) FULL NAME *Levy, William, Pinkman*

(9) PRESENT POSTOFFICE OF FATHER *Livorno, It.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE *Algeria, Algiers*

(13) OCCUPATION *Mail, Roading*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mattie Alice. Conn*

(15) PRESENT POSTOFFICE OF MOTHER *Lawrence, Mo.*

(16) COLOR OR RACE *White.* (17) AGE AT LAST BIRTHDAY. *27* (Years)

(18) BIRTHPLACE *Wm. Bee, La.*

(19) OCCUPATION *House Keeping*

(21) 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 Alvin St. 1931 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles J. [illegible]
(24) State whether Physician or Midwife ☒ Physician ☐ Midwife (25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

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

(27) Filed 10 (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.