

County of Charleston
City of Jefferson
Town of

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

18496

Registration District No. 1204 Registered No. 21
(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.)

(1) Full Name of Child Thomas Stein (If child is not yet named, make supplemental report as directed)

(2) Sex Male (3) Age at Birth 2y (4) Date of Birth Jan 27, 1923
(5) Time of Birth 7:00 (6) Place of Birth Jefferson S.C.

FATHER.
(1) Name Tom Stein
(2) Present Residence of Father Jefferson S.C.
(3) Color White (4) Age at Last Birthday 25
(5) Birthplace S.C.
(6) Occupation Farmer

MOTHER.
(1) Name before Marriage Eddie Stein
(2) Present Residence of Mother Jefferson S.C.
(3) Color White (4) Age at Last Birthday 25
(5) Birthplace S.C.
(6) Occupation Farm Laborer

(7) Number of children born to mother, including present birth One (8) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was born alive at 1204 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(10) Signature L. A. Gault (11) State whether Physician or Midwife Physician (12) Address of Physician or Midwife Jefferson

(13) Given name added from supplemental report See aff.
(14) Signature of Witness M. P. S. ...
(15) Filed Dec 13, 1923 (16) Registrar ...

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report to be made before the fifth month of pregnancy.