CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 44549

Registration District No. 2002 Registered No. 6
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Florence
Township of Cartersville
or
Inc. Town of .....
or
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 George Stephenson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? No
(7) DATE OF BIRTH Dec 15 1928 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Stephenson Sr
(9) PRESENT POSTOFFICE OF FATHER Unknown
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth: One

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McRoy
(15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House & farm
(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mele R. Richardson
(24) State whether Physician or Midwife: mid wife
(25) Address of Physician or Midwife: Cartersville S.C.

Given name added from a supplemental report
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..... 19 ....
Registrar

(26) Witness H. P. Pittman
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/25 1928 (28) H. P. Pittman
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.

WARNING: REGISTRARS REQUIRED FOR REPORTS. WHEN UNFAVORABLE INFORMATION IN A PERMANENT RECORD. It is a crime to make any false or misleading statement in a permanent record, or to alter any record or certificate, or to make a false or misleading statement in a certificate, or to make a false or misleading statement in a report, or to make a false or misleading statement in a report, or to make a false or misleading statement in a report