

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Calmar, S.C.

(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

File No.—For State Registrar Only

37393

Registration District No. 38 Registered No. 924

(For use of local Registrar)

City of Calmar, S.C. (No. 1625 Franklin St.) (Use of Ward)

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

2) Full Name of Child William Cook Stevens(3) BOY OR GIRL? Boy(4) Twin or Triplet? 2

Is he associated in one of twin or triplet

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Gould Stevens(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as stillborn at 8:20 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. H. Matthews

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Dec. 11, 1923.

(28)

A. J. Sloan
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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