

MARGIN RESERVED FOR BUNDLING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.

Office of Registrar, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		44839	
Township of <u>Santuck</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>420</u>		Registered No. <u>9</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>David Stevens</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23, 23</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Stevens</u>			(14) NAME BEFORE MARRIAGE <u>May Bell Cheek</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Santuck, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Santuck, S. C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>19</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I her-by certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4:00 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Adaide Gilliam</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>W. W. Santuck, S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
			(27) Filed <u>1/10</u> 19 <u>24</u> (28) <u>D. B. Jeter, Jr.</u> 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.					