CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
38171

Registration District No. 1804 Registered No. .....
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Edgefield
Township of Dunwood
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 James Stevens (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	yes	Sept. 7, 1922

FATHER

(8) FULL NAME Felix Stevens
(9) PRESENT POSTOFFICE OF FATHER Ring Street S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Edgefield Co.
(13) OCCUPATION Farmer
(22) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Cornelia Mc. Manus
(15) PRESENT POSTOFFICE OF MOTHER Meeting Street S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Edg. Co.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Butler
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Meeting Street S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 11 1922. (28) A. A. Black
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.

MACON OF COLUMBIA, S. C.

N. B.—In case of TWINS or TRIPLETS, write the word TWIN or TRIPLET, as the case may be, in the space provided for NAME OF CHILD, and number the children in order of birth, as directed in items 4 and 5.

PRICE-BOOK, No. 1 THIS CERTIFICATE, No. 22, 1922, to question 6.