

## (1) PLACE OF BIRTH

County of NewberryTownship of Marion

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

29453

Registration District No. 3407Registered No. 46  
(For use of Local Registrar)(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 Clare Stevens If child is not yet named, make supplemental report as directed

(3) SEX OR Status	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			<u>Yes</u>	<u>Sept 13 1923</u>

## FATHER.

(8) FULL NAME Clark Stevens

(9) PRESENT POSTOFFICE OF FATHER Silver Street

(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 26 (Year)

(12) BIRTHPLACE Newberry S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3 2nd

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca East

(15) PRESENT POSTOFFICE OF MOTHER Silver Street

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Newberry S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 3 2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 10:30 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mary Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Schupples St.

Given name added from a supplemental report

(26) Witness Dr. H. Sanders  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 23 1923 (28) Dr. H. Sanders Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
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.