

PLACE OF BIRTH

County of Calleton
 City of Warren
 Town of Smocks
 S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

25641-A

Registered No. _____
 (For use of Local Registrar)

Ward _____

(No. _____ St. _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD

James Henry Stephens (If child is not yet named, make supplemental report as directed.)

1. Sex Male
 2. Single
 3. Birth

4. Twin, triplet, or other _____
 5. Number, in order of birth _____

6. Premature _____
 Full term yes

7. Are Parents _____
 Married? yes

8. Date of birth Aug. 29, 1922
 (Month, day, year)

FATHER

James Stephens
 Residence (usual place of abode)
 (If non-resident, give place and State) Smocks, S.C.

10. Color or race Black
 12. Age at last birthday 21 (Years)

11. Birthplace (city or place)
 (State or country) S.C. Calleton County

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

15. Date (month and year) last engaged in this work _____

16. Total time (years) spent in this work 12 yrs

OCCUPATION

18. Full maiden name

19. Residence (usual place of abode)
 (If non-resident, give place and State) Smocks, S.C.

20. Color or race Black22. Birthplace (city or place)
(State or country) S.C. Calleton County

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

17. Number of children of this mother at time of birth and including this child

18. Stillborn _____
 Period of gestation 9 months 12 weeks

19. Cause of stillbirth _____

(a) Born alive and now living yes (b) Born alive but now dead yes (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3 P. m. on the date above stated.
 (Born alive or stillborn) _____ M.D.

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Name added from _____
 Supplemental report _____

(Date of)

Registrar.

(Signed) Anna Jenkins Midwife

Address Smocks, S.C.

Filed Aug. 29, 1922 R. Mattie Kinsey Registrar.