

DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14966

County of Henry
Municipality of Bayboro
or
Town of Bayboro

Registration District No. 2.5-0 Registered No. 35
(For use of Local Registrar)

City of Bayboro (No. 2.5-0 St.; 35 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Clyde Stevens (If child is not yet named, make supplemental report as directed)

(2) SEX Boy (3) Type of Triplet To be answered only in event of Twins or Triplets
(4) Are Parents Married yes (5) DATE OF BIRTH March 18, 23
(Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME Burn Stevens
(7) PRESENT POSTOFFICE OF FATHER Loris S.C. R4
(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 21 (Year)
(10) BIRTHPLACE Henry Co S.C.
(11) OCCUPATION Farming
(12) Number of children born to father, including present birth One

MOTHER.
(13) NAME BEFORE MARRIAGE Janie Eula Russ
(14) PRESENT POSTOFFICE OF MOTHER Loris S.C. R4
(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 15 (Year)
(17) BIRTHPLACE Henry Co, S.C.
(18) OCCUPATION Housewife
(19) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Duger Richardson
(22) State Physician (23) Name of Physician or Midwife Loris S.C.

Give name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) J. A. Reese
(26) 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.

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