

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1466

County of Harvey
City of Bayboro
or
Town of Bayboro
or
City of Bayboro

Registration District No. 2.5-4 Registered No. 35
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Sex Boy (1) Sex of Child (2) Date of Birth March 18, 1923
(3) Age of Child (4) Age of Mother 15
(5) Place of Birth (6) Place of Mother's Birth

FATHER: (7) Full Name Burn Stevens (8) Present Postoffice of Father Loris S.C. R4
(9) Color or Race White (10) Age at Last Birthday 21
(11) Birthplace Harvey Co S.C. (12) Occupation Farming
(13) Number of children born to father, including present birth One

MOTHER: (14) Name before Marriage Janie Eula Russ (15) Present Postoffice of Mother Loris S.C. R4
(16) Color or Race White (17) Age at Last Birthday 15
(18) Birthplace Harvey Co, S.C. (19) Occupation Housewife
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 10:30 a.m. on the date above stated. (22) (Signature) Dugan Richardson (23) State South Carolina (24) Title Physician (25) Name of Physician or Midwife Loris S.C.

Give name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. E. Bess (27) Local Registrar (28) Date March 5, 1923

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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