

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Pickens  
 Township of Carrollton  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

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

File No.—For State Registrar Only  
4951

Registration District No. 3703 Registered No. 7  
 (For use of Local Registrar)

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

(2) Full Name of Child Alvera May Stephens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16, 1923  
 (Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Norton Bertram Stephens</u>			(14) NAME BEFORE MARRIAGE	<u>Pearl Durham</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Central, S.S.</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Central, S.S.</u>		
(10) COLOR OR RACE	<u>white</u>	(11) AGE AT LAST BIRTHDAY	<u>27</u> (Years)	(16) COLOR OR RACE	<u>white</u>	(17) AGE AT LAST BIRTHDAY	<u>24</u> (Years)
(12) BIRTHPLACE				(18) BIRTHPLACE			
(13) OCCUPATION	<u>Farmer.</u>			(19) OCCUPATION	<u>Domestic</u>		
(20) Number of children born to mother, including present birth	<u>1</u>			(21) Number of children of this mother now living, including present birth	<u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Malinda Head  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Crete, S.S.

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed 2-22-23 (28) C. T. Winchester 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.