

(1) PLACE OF BIRTH

County of Spartanburg
Township of Rocky Creek
or
Inc. Town of

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

File No. - For State Registrar Only
1934

Registration District No. 4106 Registered No. 51
(For use of Local Registrar)

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

(2) Full Name of Child Earnest Norman Stephens (If child yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 5 (6) Age year (7) DATE OF BIRTH January 29, 1923 (Year of Month Day) (Year)

FATHER
(8) FULL NAME Wm. H. Ables
(9) PRESENT POSTOFFICE OF FATHER Rembert
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Rail Road Dept

MOTHER
(14) NAME BEFORE MARRIAGE Ada Priddy
(15) PRESENT POSTOFFICE OF MOTHER Rembert
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Sign A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Niska (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rembert

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. Charles
(27) File Jan 30, 1923 (28) W. Charles 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.