

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24550

Registration District No. 220Registered No. 448

(For use of Local Registrar)

(2) Full Name of Child Not Named

If child is not yet named, make supplemental report as directed

(1) SEX <u>GIRL?</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 22 23</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME George Stevens

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE Edgefield S.C.

(13) OCCUPATION Chaffer

MOTHER

(14) NAME BEFORE MARRIAGE Cordelia Perry

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Edgefield South Carolina

(19) OCCUPATION House-wif

(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was full at 9:30 P. M. on the date above stated.  
(Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) J. S. Norton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Date Aug 25 23 (28) E. Smith  
Registrar 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.