

PLACE STAMP

CERTIFICATE OF BIRTH

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

34730

at Sumner
of Sumner

Registration District No. 401

Registered No. 106
(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

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

(4) Sex or Token Male (5) Number in order of birth 1st (6) Age 11-6-23
To be given only in case of Twins or Triplets (Date of Month) (Day) (Year)

FATHER

MOTHER

(10) NAME BEFORE MARRIAGE Richard Still

(10) NAME BEFORE MARRIAGE Brie Stevenson

(11) PRESENT RESIDENCE OF FATHER Sumner Co. S.C.

(11) PRESENT RESIDENCE OF MOTHER Sumner Co. S.C.

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 20
(Year)

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(13) AGE AT LAST BIRTHDAY 20
(Year)

(14) BIRTHPLACE Sumner Co. S.C.

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(15) OCCUPATION farmer

(15) OCCUPATION Housewife

Number of children born to mother, including present birth 2

(17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(18) (Signature) L. H. ...

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife Sumner Co. S.C.

Has name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(22) Filed Dec 8 1923 (23) L. H. Bennett

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.