

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

34726

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 Tissue To be given only in case of Twin or Triplet	(5) Number in order of birth	(6) Date of Birth Month/Day/Year	(7) Date of Birth Month/Day/Year
FATHER Richard Stiles		MOTHER Eric Stevenson	
(10) PRESENT RESIDENCE OF FATHER Carmwell Co. SC		(10) PRESENT RESIDENCE OF MOTHER Carmwell Co. SC	
(11) AGE AT LAST BIRTHDAY 20		(17) AGE AT LAST BIRTHDAY 20	
(12) COLOR White		(13) COLOR White	
(14) BIRTHPLACE Carmwell Co. SC		(15) BIRTHPLACE Carmwell Co. SC	
(16) OCCUPATION Farming		(18) OCCUPATION Housewife	
(19) Number of children born to father, including present birth 2		(20) 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 on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Has name added from a supplement-
tal report

(24) Witness

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

(25) Filed

Dec 8 1923

(26)

Local Registrar

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.