

(1) PLACE OF BIRTH

County of EdgefieldTownship of Cl. Dup. S. C.or
Inc. Town ofor
City of

(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

30018

Registration District No. 1804 Registered No.
(For use of Local Registrar)(2) Full Name of Child James Stevens

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felix Stevens(9) PRESENT POSTOFFICE OF FATHER Meeting Street S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Cornelia Stevens(15) PRESENT POSTOFFICE OF MOTHER Meeting Street(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Butler (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Meeting Street S.C.

Given name added from a supplemental report

(26) Witness Mrs. Blocker
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 10, 1922 (28) Mrs. Blocker
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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.