

(1) PLACE OF BIRTH

County of Bartholomew
Township of Blacksville

Inc. Town of
City of

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

31008

Registration District No. 504. Registered No. 86
(For use of Local Registrar)

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

(2) Full Name of Child Frank Stevens If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Trade To be answered only in case of Trade or Trade (5) Age of Child Yes (6) DATE OF BIRTH Sept. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Martin B. Stevens

(8) PRESENT RESIDENCE OF FATHER Blacksville

(9) COLOR White (10) AGE AT LAST BIRTHDAY 29
(Year)

(11) BIRTHPLACE S. C.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Letha Youngblood

(15) PRESENT RESIDENCE OF MOTHER Blacksville

(16) COLOR White (17) AGE AT LAST BIRTHDAY 25
(Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) O. L. Harrison (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(25) Signed Nov. 16, 1923 (26) O. L. Harrison 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.