(1) PLACE OF BIRTH

County of Orangeburg

Township of Union

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36014

Registration District No. 3616 Registered No. 75

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? To be entered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Oct 4 (Name of Month) (Day) 1922 (Year)

FATHER

(8) FULL NAME: Sam Stevenson

(9) PRESENT POSTOFFICE OF FATHER: Cope S.C RFD

(10) COLOR OR RACE: Colored

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Orangeburg Co

(13) OCCUPATION: Farming

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

MOTHER

(14) MAIDEN NAME: Alice Barnes

(15) PRESENT POSTOFFICE OF MOTHER: Cope S.C RFD

(16) COLOR OR RACE: Colored

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Orangeburg Co

(19) OCCUPATION: Housework

(21) Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. (Born alive or stillborn) (Hour—A. M. or P. M.) on the date above stated.

(23) (Signature) Clara x Blake

(24) Name when Physician or Midwife (25) Address of Physician or Midwife Cope S.C RFD

Pinlock

R K Kennerly

(Signature of Witness necessary only when signature to 23 is signed by mark)

Given name added from a supplemental report

Oct 7 1922 R K Kennerly

Local Registrar.

*When there was no attendant at birth, person who did make this report must make affidavit to that effect. If a child be born alive but lives only a few hours, the report is desired of attendant at birth, as well as at death.

BECAW BY COLUMBIA, COLUMBIA, S. C.