

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**72454**

(1) PLACE OF BIRTH  
County of Dillon  
Township of Bunker  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1606 Registered No. 721  
(For use of Local Registrar)  
City of ..... (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..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Lawrence A. Stephens</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Dillon, S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Marion Co</u>	
(13) OCCUPATION <u>Farmer</u>		(14) NAME BEFORE MARRIAGE <u>Emma Porter</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S.C.</u>	
(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Marion Co</u>	
(19) OCCUPATION <u>Housewife</u>		(20) Number of children born to mother, including present birth <u>8</u>		
(21) Number of children of this mother now living, including present birth <u>7</u>				

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:29 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. A. Carpenter  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
L. B. Bridges  
(27) Filed Aug 14 1916 (28) L. B. Bridges 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.