

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74048

(1) PLACE OF BIRTH
County of Newberry
Township of # 9

Inc. Town of or Registration District No. 3400 Registered No. 78
(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 Alice Stephens } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 30 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mack Stephens
(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Newberry Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Stephens
(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Newberry Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(25) (Signature) Sallie Boubounght
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 31 1916 (28) W. T. Gibson 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.