

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of Marion S.C.

or

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

43598

Registration District No. 32ARegistered No. 124  
(For use of Local Registrar)(2) Full Name of Child Regil Stagers

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH Dec 27 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Allen Stagers(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE Georgetown(13) OCCUPATION Shin-Mill(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Melvinia Davis(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION Wash-room(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Josephine Bristow

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Josephine Bristow

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

(27) Filed Jan. 10 1923(28) Lena Montgomery  
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.

N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE REPORT FOR EACH CHILD. FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 2.  
BIOGRAPH BY COLUMBIA, COLUMBIA, S. C.