

(1) PLACE OF BIRTH

County of Chester Co  
Township of Rossville  
OR  
Inc. Town of Great Falls  
OR  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

No. 27808 - For State Registrar Only

Registration District No. 11.1.7 Registered No. 83.....  
(For use of Local Registrar)

(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?  TWIN or TRIPLET? (1) To be answered only in event of Twins or Triplets (2) Number in order of birth 3 (3) Are Parents Married? No (4) DATE OF BIRTH Sept 24 1923  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John Stevenson  
9. PRESENT POSTOFFICE OF FATHER Great Falls - 2  
10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 50 (Year)  
12. BIRTHPLACE Rosville SC  
13. OCCUPATION laborer  
20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Silvy Colewell  
15. PRESENT POSTOFFICE OF MOTHER Great Falls - 2  
16. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Year)  
18. BIRTHPLACE Rosville SC  
19. OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. James  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is "Stillborn")

(27) Oct 1 1923 Registrar J. S. James 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.

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Form 10 of Columbia, Columbia S.C.