

Form No. 3

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Huger  
 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

42189

Registration District No. 1705 Registered No. 82  
 (For use of Local Registrar)

(2) Full Name of Child Matthe Ruth Stevens (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) ☒ BOY OR GIRL Male (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 23rd  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Steven  
 (9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Green  
 (15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) E. C. Eberhardt  
 (24) State whether Physician or Midwife and address of Physician or Midwife  
uncle of child & Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. C. Eberhardt  
 (Signature of Witness necessary only when question 23 is signed by mark)

19  
 Registrar

(27) Filed Dec 31st 1922 (28) E. C. Eberhardt  
 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.

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

RECAP OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.