

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lois Althea Stiver

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug 9th 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Raymond C. Stiver(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Wilmington SC(13) OCCUPATION Mortician Sticker(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lucile Beatrice Stiver(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Crawford SC(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 3:35 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. H. Harrison(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 277 Calhoun St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/21 19 22

Registrar

(28) Local Registrar. Mercer Green M. 2

*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.