

(1) PLACE OF BIRTH

County of Dorchester

Township of Wagon

or  
Inc. Town of .....

City of ..... (No. .... St.; ..... Ward)  
(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

64137

(2) Full Name of Child. Lauria Stephens

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth 4<sup>th</sup> (6) Are yes Parents Married? (7) DATE OF BIRTH June 23, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Isaac Stephens

(14) NAME BEFORE MARRIAGE Mary Belong

(9) PRESENT POSTOFFICE OF FATHER Reedsville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Reedsville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Bamberg Co S.C.

(18) BIRTHPLACE Farming Bamberg Co S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

(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 White at 7 ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hensley & Reece (24) State whether Physician or Midwife (25) Address of Physician or Midwife not

Given name added from a supplemental report

(26) Witness J. H. Hill (Signature of Witness necessary only when question 23 is signed by mark)

..... 191.....  
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Registrar

(27) Filed June 27, 1916 (28) L. M. Stearns 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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia