

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

64137

Registration District No. 1705 Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child. Lirica 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

4th

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 23, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isaac Stephens

(9) PRESENT POSTOFFICE OF FATHER

Reedsville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Bamberg Co S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Belong

(15) PRESENT POSTOFFICE OF MOTHER

Reedsville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Farming Bamberg Co S.C.

(19) OCCUPATION

Farming

(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 X. Reese

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed June 27, 1916

(28) L. H. Hester 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.

MARGIN RESERVATION FOR BINDING. THIS IS A PERMANENT RECORD.
 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 3.
 McCaw, of Columbia