

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Boffalville

Inc. Town of .....

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

15418

Registration District No. 2700 Registered No. 67  
(For use of Local Registrar)

## (2) Full Name of Child

Garnie Stephens

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 8 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Garnie Stephens

(9) PRESENT POSTOFFICE OF FATHER

Kershaw

(10) COLOR OR RACE

Poland(11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lester Stephens

(15) PRESENT POSTOFFICE OF MOTHER

Kershaw

(16) COLOR OR RACE

Caucasian(17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE

Kershaw

(19) OCCUPATION

Farmer

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

14

(21) Number of children of this mother now living, including present birth

14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Dottie Simmons

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Edith Stephens  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) 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 RESERVED FOR BINDING.  
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.  
DECATUR, COLUMBIA, S. C.