(1) PLACE OF BIRTH

County of Aiken

Township of Langley
or
Inc. Town of
or
City of Langley

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
37005

Registration District No. 7-1-7-A Registered No. 116
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Hosey 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 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H Stephens

(9) PRESENT POSTOFFICE OF FATHER Langley Sc

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Tex

(13) OCCUPATION Electrician

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Mabell Oneil

(15) PRESENT POSTOFFICE OF MOTHER Langley Sc

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Okla

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:15 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. D. Wright

(24) State whether Physician or Midwife Physician

(25) Address Physician or Midwife Langley Sc

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 5 1922 (28) L. W. Stradley
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.

Child breathes even once, ... fifth month of pregnancy.

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