

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PREPARATION FOR A CHILD, and must be used 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 1.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Gran
 or Inc. Town of
 or 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's Office
4900

Registration District No. 3619 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child Minnie Stevenson | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 8 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Nick Stevenson</u>	(14) NAME BEFORE MARRIAGE <u>Anna Gafney</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S C</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg Co S C</u>	(18) BIRTHPLACE <u>Orangeburg Co S C</u>			
(13) OCCUPATION <u>Preach & Carpenter</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Born alive ... at ... 1 P.M. ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Abernethy
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Orangeburg S C

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

(27) Filed _____ **(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.

NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.
 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.