

FORM NO. 2

(1) PLACE OF BIRTH

County of 13th

Township of 13th

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

Registration District No. 600

File No.—for State Register Only

31827

Registered No. B. 2. 0. 246

(For use of Local Registrar)

(2) Full Name of Child Barrie Stevenson

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

(3) SEX GIRL (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? X (7) DATE OF BIRTH 9. 9. 23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Thomas Stevenson
(9) PRESENT RESIDENCE OF FATHER Port Royal
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Labourer
(14) Number of children born to mother, including present birth 12

MOTHER
(14) NAME BEFORE MARRIAGE Janie Johnson
(15) PRESENT RESIDENCE OF MOTHER Port Royal
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) Margaret Taylor
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given under my hand and seal of office this 11th day of September 1923
at Port Royal
County of 13th
State of South Carolina

(25) Witness M. B. Cope
(Signature of Witness necessary only when question 21 is signed by mark)
(26) Filed 9. 14. 1923 (27) M. B. Cope

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 1.

That the child is the child of the father, householder, etc., should make the report in duplicate. No report is desired of the mother.