

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B. 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 4.

(1) PLACE OF BIRTH

County of *Sp. Williamsburg*
 Township of *W. Moore*
 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

30279

Registration District No. *4010* Registered No. *57*
 (For use of Local Registrar)

(2) Full Name of Child *Fred Stevens Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet <i>C</i> To be answered only in case of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 19, 1923</i> (Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <i>Fred Stevens</i>				(14) NAME BEFORE MARRIAGE <i>Clara Rogers</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Moore SC</i>				(15) PRESENT POSTOFFICE OF MOTHER <i>Moore SC 12</i>
(10) COLOR OR RACE <i>B</i>	(11) AGE AT LAST BIRTHDAY <i>28</i> (Year)	(16) COLOR OR RACE <i>B</i>		(17) AGE AT LAST BIRTHDAY <i>28</i> (Year)
(12) BIRTHPLACE <i>SC</i>		(18) BIRTHPLACE <i>SC</i>		
(13) OCCUPATION <i>farmer</i>		(19) OCCUPATION <i>house & farm work</i>		
(20) Number of children born to mother, including present birth <i>1</i>		(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 A.M.* on the date above stated. (Dead, live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Phyllis J. McLeod*
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Rockledge SC

Given name added from a supplemental report

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

(27) Filed *Oct 15, 1923* (28) *J. W. Hatchett* 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.