

WHEN PLACED IN A PLAIN ENVELOPE WITH ENVELOPING PAPER—THIS IS A PLAIN ENVELOPE BECAUSE IT IS NOT MARKED THE 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

1. PLACE OF BIRTH

City of Charlotte
Township of Charlotte
County of Mecklenburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18408

Registration District No., 6.25

Registered No. 40
(For use of Local Registrar)

(No. 7861 War!)
If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

2. Full Name of Child Bessie Pearl Stephens (If child is not yet named, make supplemental report as directed)

3. SEX OF CHILD Girl 4. Twin or Triplet? No 5. Number in order of birth 1st 6. Are Parents Married? Yes 7. DATE OF BIRTH 6/20/1922
(Name of Month) (Day) (Year)

8. FATHER. FULL NAME Perley Mace Stephens 9. MOTHER. NAME BEFORE MARRIAGE Bessie Squire

10. PRESENT POSTOFFICE OF FATHER Dillon S.C. 11. PRESENT POSTOFFICE OF MOTHER Dillon S.C.

12. COLOR OR RACE White 13. AGE AT LAST BIRTHDAY 24 (Years) 14. COLOR OR RACE White 15. AGE AT LAST BIRTHDAY 20 (Years)

16. BIRTHPLACE Dillon S.C. 17. BIRTHPLACE Dillon S.C.

18. OCCUPATION Merchant 19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 1 2 21. Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. Mary Matthews (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report

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

(27) Filed 6/26/22 (28) B. A. Williams 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.