

Form No. 1

(1) PLACE OF BIRTH

County of Ocean
 Township of Wright
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4770

Registration District No. 3405Registered No. 20
(For use of Local Registrar)

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

(2) Full Name of Child Jessie Addie Stover

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) NAME OF FATHER <u>Joseph Newton Stover</u>			(14) NAME OF MOTHER <u>Lula Belle Lee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Madison & Co Rd</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Madison & Co Rd</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Ocean Co S C</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(17) BIRTHPLACE <u>Ocean Co S C</u>		
(18) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</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 Alive at 10:30 P M.,
 on the date above stated. (Boy, Alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mrs. Lillie Lee
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Madison & Co

Given name added from a supplemental report

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

(27) Filed Feb 20 1923 (28) L. Stover 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 McCamee Columbia, Columbia, S. C.