

No. 1.

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 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
78987

Registration District No. 3803 Registered No. 273
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child David Stephens St.; Ward)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 23, 1966
 To be answered only in event of Twins or Triplets (If child is not yet named, make supplemental report as directed)

FATHER.
 FULL NAME Arthur Stephens

PRESENT POSTOFFICE OF FATHER Eastover SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm Hand

(14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Marion Robinson

(15) PRESENT POSTOFFICE OF MOTHER Eastover

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm Hand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Martha Murray (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife EASTOVER

Given name added from a supplemental report

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

(27) Filed Aug 26, 1966 (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.