

No. 1.

(1) PLACE OF BIRTH

County of Richland
Township of Laver
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)

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

BOY OR GIRL BOY GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH... Aug 23 1966
(Name of Month) (Day) (Year)

FATHER.
FULL NAME Arthur Stephens
PRESENT POSTOFFICE OF FATHER Eastover SC
COLOR OR RACE W (11) AGE AT LAST BIRTHDAY... 70
BIRTHPLACE SC
OCCUPATION Farm Hand
Number of children born to mother, including present birth 1

MOTHER.
NAME BEFORE MARRIAGE Marion Robinson
(15) PRESENT POSTOFFICE OF MOTHER Eastover
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY... 23
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*
(2) 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

Surname added from a supplemental report
.....
.....
..... 19 .. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Aug 26 1966 (28) [Signature] 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.