

PERMANENT RECORD. WITH EXPANDING INK—THIS IS A PERMANENT RECORD. 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 Aiken  
Township of Langley  
or  
Inc. Town of .....  
or  
City of near Langley (No. .... St. .... Ward)  
(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

No. 30797—For State Registrar Only

Registration District No. 2-1-7A Registered No. 139  
(For use of Local Registrar)

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

(3) SEX OR CHILD girl (4) Twin or Triplet - (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct. 23, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clinton Stephens  
(9) PRESENT POSTOFFICE OF FATHER Langley S.C.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Year)  
(12) BIRTHPLACE Aiken Co S.C.  
(13) OCCUPATION Chalk Bed work  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Annie Robinson  
(15) PRESENT POSTOFFICE OF MOTHER Langley S.C.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE Aiken Co S.C.  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(21) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Matthie Thomas  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Langley S.C.

Given name above from a physician's report  
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Date Oct. 29, 1923 (27) J. W. Spradley Local Registrar.

\*When there are no witnesses, or when the father, householder, etc., should make this report, it is to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.