

629143

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Sumter  
Township of Sumter  
or  
Inc. Town Sumter  
or  
City of Sumter S.C.

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41-a

FIL

23 048067

Registrar Only

Registered No. ....  
(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 Joseph Charles Stevens Jr. { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births no 4. Twins, triplets or other no 5. Number, in order of birth 1 6. Premature no 7. Are Parents Married? yes 8. Date of birth 1/16/1923, 1923  
(Month, day, year)9. Full name Joseph Charles Stevens FATHER18. Name before marriage Christine McLeod MOTHER10. Residence (mailing address) Sumter S.C.  
(If non-resident, give place and State)19. Residence (mailing address) 105 Council Bluffs  
(If non-resident, give place and State)11. Color or race negro 12. Age at child's birth twenty (years)20. Color or race negro 21. Age at child's birth twenty (years)13. Birthplace (city or place) Sumter  
(State or country) South Carolina22. Birthplace (city or place) Osceola S.C.  
(State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal minerOCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Pastry Cook15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Coal miner24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Cafe manager16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work ten25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work nineteen27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn .....28. If stillborn, m months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at Sumter 7:15 a.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of) .....

(Signed) Christine Stevens Parent

or..... Guardian

Address Sumter S.C.Filed July 7, 1943 L.A. Riser, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

Paid