

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)

1. PLACE OF BIRTH

County of Richland

Township of Columbia, S. Car.

or
Inc. Town of Columbia-Eau Claire

or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 38-B

FILE No.—For State Registrar Only

02312

Registered No. _____

(For use of Local Registrar)

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

2. FULL NAME OF CHILD Joseph Stevens

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

3. Boy or Girl Boy If Plural single 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth Oct. 14 19 22
(Month, day, year)

9. Full name FATHER
John W. Stevens

18. Name before marriage MOTHER
Lola Beterbox

10. Residence (mailing address) Eau Claire, S. Car.
(If non-resident, give place and State) Columbia, S. Car.

19. Residence (mailing address) Eau Claire
(If non-resident, give place and State) Columbia, S. Car.

11. Color or race Colored Age at child's birth 30 (years)

20. Color or race Colored Age at child's birth 28 (years)

13. Birthplace (city or place) Johnson, S. Car
(State or country)

22. Birthplace (city or place) Johnson, S. Car
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year last) engaged in this work _____ 19 _____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 19 _____
26. Total time (years) spent in this work all her life

27. Number of children of this mother 7
(At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn none

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____
period of gestation _____ Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.
(Born alive or stillborn)

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

(Signed) Rose Terby (Annt), Parent

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

or _____, Guardian

Address 1231 Willow Way Braddock, Pa.

Filed 3/26/42, 19 M. B. Woodward, M.D.

Registrar.

Registrar.