

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of WilliamstonCity of SC

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Beatrice Stephens

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

1) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>1</u> To be answered only in case of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Sex <u>Female</u>	7) DATE OF BIRTH <u>June 5, 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>L. B. Stephens</u>			14) NAME BEFORE MARRIAGE <u>Willie Edmonds</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Williamston SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Williamston</u>	
16) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
12) BIRTHPLACE <u>Proctor's Landing</u>		18) BIRTHPLACE <u>Ga</u>		
13) OCCUPATION <u>Mul Work</u>		19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) W. B. Rinder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
July 11, 1923

Given name added from a supplemental report

Janice Fairley  
Sept 19, 1923  
Williamston

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

(27) Filed June 10, 1923 (28) W. B. Rinder 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 3.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Building Only

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