

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child

(3) BOY OR
GIRL?

boy

(4) Twin
or Triplet?

one

(5) Number in
order of birth

2nd

(6) Are
Parents
Married?

yes

(7) DATE OF
BIRTH

May 16 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Chas. E. Stephens

(9) PRESENT
POSTOFFICE
OF FATHER

Columbia S.C.

(10) COLOR
OR
RACE

negro

(11) AGE AT LAST
BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Beaufort Co. S.C.

(13) OCCUPATION

Physician

MOTHER.

(14) NAME BEFORE
MARRIAGE

Ethel L. Crawford

(15) PRESENT
POSTOFFICE
OF MOTHER

Columbia S.C.

(16) COLOR
OR
RACE

negro

(17) AGE AT LAST
BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Rock Hill S.C.

(19) OCCUPATION

House wife

(20) Number of children born to
mother, including present birth

2

(21) Number of children of this mother
now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife East Service St. Columbia S.C.

Given name added from a supplement-
tal report

1/24/42

191

M.B.W. M.D.

Registrar

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed 6/16 1922

(28)

E.C. McQueen

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.

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