

(1) STATE OF SOUTH CAROLINA

County of Richmond
Municipality of Greenville
or
Precinct of

CERTIFICATE OF BIRTH

State of South Carolina
Department of Health
State Board of Health

Registration District No. 444 Registered No. 29
(For use of Local Registrar)

City of (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 Stephens (If child is not yet named, name)

(3) SEX OF CHILD Boy (4) AGE OF CHILD 4 (5) DATE OF BIRTH Jan 2 1923
(To be entered only in case of Twin or Triple Births)

FATHER		MOTHER	
(10) NAME	<u>Sam Stephens</u>	(10) NAME	<u>Queenie Postonight</u>
(11) RESIDENCE OF FATHER	<u>Edwards S.C.</u>	(11) RESIDENCE OF MOTHER	<u>Edwards S.C.</u>
(12) COLOR	<u>Cal</u>	(12) COLOR	<u>Md</u>
(13) AGE AT LAST BIRTH	<u>29</u>	(13) AGE AT LAST BIRTH	<u>25</u>
(14) BIRTHPLACE	<u>S.C.</u>	(14) BIRTHPLACE	<u>S.C.</u>
(15) OCCUPATION	<u>Farmer</u>	(15) OCCUPATION	<u>House Wife</u>
(16) Number of children born to mother, including present birth	<u>4</u>	(16) Number of children of the father, including present birth	<u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(17) 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.)

(18) (Signature) Midwife (19) Address of Physician or Midwife Edwards S.C.

Given under my hand and a seal of the Department of Health
(20) Witness (Signature of Witness necessary only when question 18 is signed by mark)
(21) Signed Feb 26 1923 (22) W.H.