

(1) PLACE OF BIRTH

County of Fairfield
 Township of X 9
 OF
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
30084

Registration District No. 1909 Registered No. 45
 (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 Dessie Stevens (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet X (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 23
 To be answered only in event of Twin or Triplet (Name of Child) (Day) (Year)

FATHER.

(8) FULL NAME Matt Stevens
 (9) PRESENT POSTOFFICE OF FATHER Winnabow
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE Fairfield Co. S.C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE May Walker
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21
 (Year)
 (18) BIRTHPLACE Fairfield Co. S.C.
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 C M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pat Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnabow

Given name added from a supplemental report

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

(27) Filed Sept 22 (28) Pat Johnson Local Registrar

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 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.