

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 30294Registration District No. 41-ARegistered No. 156
(For use of Local Registrar)No. 9 S. Hamilton St. 4 Ward(2) Full Name of Child Janice N. Stephenson

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

(3) BOY OR GIRL Girl (4) Type or White (5) Number in order of birth 1st (6) Sex Female (7) DATE OF BIRTH Dec 5 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Reuben Arthur Stephenson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Year)(12) BIRTHPLACE N.C.

(13) OCCUPATION

Travel. Auditor Express Co(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Lola Althea Reader(16) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28
(Year)(19) BIRTHPLACE S.C.

(20) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Pauline Althea at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) H. H. Wood (24) State whether Physician or Midwife(25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

Janice Fairney
Dec 16 1923
Registrar

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

(27) Filed Dec 5 1923 (28) D. O. Downing
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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