

(1) PLACE OF BIRTH

County of DillonTownship of Cornuchant

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Department of Health

Registration District No. 1601No. 43801Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Edwin Craig Stephens

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

(1) BOY OR GIRL <u>boy</u>	(2) Twin or Triplet <input checked="" type="checkbox"/> To be covered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Sex <u>male</u>	(5) DATE OF BIRTH <u>Oct. 16</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Charles K. StephensPRESENT POSTOFFICE OF FATHER Dillon, S.C.COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Dillon CountyOCCUPATION FarmerNumber of children born to mother, including present birth 4

MOTHER.

(12) NAME BEFORE MARRIAGE Anna Butler(13) PRESENT POSTOFFICE OF MOTHER Dillon, S.C.(14) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(15) BIRTHPLACE Robeson Co. N.C.(16) OCCUPATION Housewife(18) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Edwin at 10 A. M., on the date above stated. (Hour A. M. or P. M.)(20) (Signature) L. P. Craig

(21) State where Physician or Midwife

(22) Address of Physician or Midwife

When name added from a supplemental report

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

(24) Filed Jan 8 1924 (25) W. T. Campbell 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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