

(1) PLACE OF BIRTH

County of Willamette
 Township of Jerome
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
12341

Registration District No. 4.3.74 Registered No. 7
 (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 Steffie Stone If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Jan 8 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Hilroy Stone</u>			14) NAME BEFORE MARRIAGE <u>Bessie Barr</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Hemphrey S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Hemphrey S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>49</u> (Year)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>38</u> (Year)	18) BIRTHPLACE <u>S.C.</u>
12) BIRTHPLACE <u>S.C.</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs M Barr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness N Stone

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

(27) Filed 1/20 1923

(28) L. L. Barr 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.