

Form No. 1

(1) PLACE OF BIRTH

County of L. H. Harrison

Township of

or

Inc. Town of Mullins

or

City of

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

2) Full Name of Child Elizabeth Stephens If child is not yet named, make supplemental report as directed

3) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE <u>Oct</u> <u>1</u> <u>1916</u> BIRTH (Name of Month) (Day) (Year)
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FATHER.
1) FULL NAME L. M. Stephens2) PRESENT POSTOFFICE OF FATHER Mullins, S.C.3) COLOR OF RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)4) BIRTHPLACE Tabor, N.C.5) OCCUPATION Inspector Agent6) Number of children born to mother, including present birth 6MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Harrelson(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OF RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Tabor, N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:39 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Smith, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Mullins, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/28/1916 (28) L. E. Rogers 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.

N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

File No.—For State Registrar Only

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