

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATORY BLANK FOR EACH CHILD, and mark the  
 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charter</u>		STATE OF SOUTH CAROLINA		17108	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>11A</u>		Registered No. <u>41</u>	
or				(For use of Local Registrar)	
City of <u>Charter</u>		(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 <u>Jessie Elvira Stinson</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1923</u>	
To be answered only in case of Twin or Triplet		(Month) (Day) (Year)			
FATHER			MOTHER		
(8) FULL NAME <u>Clark Stinson</u>			(14) NAME BEFORE MARRIAGE <u>Julie Devoes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charter S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charter S.C.</u>		
(10) COLOR OR RACE <u>Col.</u>			(16) COLOR OR RACE <u>Col.</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u>			(17) AGE AT LAST BIRTHDAY <u>19</u>		
(12) BIRTHPLACE <u>Charter Co.</u>			(18) BIRTHPLACE <u>Charter Co.</u>		
(13) OCCUPATION <u>Robber</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9 A.M.</u> on the date above stated. (Born alive or stillborn? (Hour A.M. or P.M.)					
(23) (Signature) <u>Frances E. Barker</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Charter</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>John King</u>					
(27) Filed <u>Jan 16 1923</u> (28) <u>John King</u> 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.