

Form No. 1

(1) PLACE OF BIRTH

County of Yaupele

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13854

Registration District No. Registered No. 1411
(For use of Local Registrar)(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 Jacob Stone Stevenson If child is not yet named, make supplemental report as directed3 SEX OR Boy 4 Twin or Triplet No 5 Number in order of birth 1st 6 Sex of Parent Male 7 DATE OF BIRTH Feb 26 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8 FULL NAME <u>Ed. L. Stevenson</u>	14 NAME BEFORE MARRIAGE <u>Annie Stone</u>	15 PRESENT POSTOFFICE OF FATHER <u>Ministon R.F.D. 2.C.</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Ministon S.R.R.D. 2.</u>
10 COLOR OR RACE <u>White</u>	16 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>38</u>	17 AGE AT LAST BIRTHDAY <u>33</u>
12 BIRTHPLACE <u>Fairfield Co.</u>	18 BIRTHPLACE <u>Charles Co.</u>	13 OCCUPATION <u>Farmer</u>	19 OCCUPATION <u>Housewife</u>
20 Number of children born to mother, including present birth <u>6</u>	21 Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 9:30 A.M.
on the date above stated.(23) (Signature) Samuel R. ...
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ministon R.F.D. 2.C.

Given name added from a supplemental report

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

(27) Filed (28) 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.