

(1) PLACE OF BIRTH

County of GreenwoodTownship of 96or
Inc. Town of Montpelieror
City of Montpelier

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2310 Registered No. 38

File No.—For State Registrar Only

64667

(2) Full Name of Child John Stephen

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 <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14, 1911</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>John S. Stephens</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>96 St</u>	(12) BIRTHPLACE <u>SC</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Mill Operator</u>
(20) Number of children born to mother, including present birth <u>(3)</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Ann Mear</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Montpelier SC</u>	(18) BIRTHPLACE <u>SC</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>House Wif</u>
(21) Number of children of this mother now living, including present birth <u>(3)</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. M. P. Mear(24) State whether Physician or Midwife (25) Address of Physician or Midwife Montpelier SC

Given name added from a supplemental report

J. M. P. Mear, 1911
Registrar

(26) Witness

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

(27) Filed

1911

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

NEVER SIGN RECORDS, THIS BEING THE PROPERTY OF THE STATE BOARD OF HEALTH. WHEN PLAINLY WITH THE SIGNING LINE—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.