

Form No 1.

(1) PLACE OF BIRTH.

County of Fairfield

Township of Ward

or
Inc. Town of

or
City of

(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

File No.—For State Registrar Only

46125

Registration District No. 1351 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child W. Sula B. Stevenson

If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplet's</small>	(5) Number in order of birth <u>35</u>	(6) Are <u>Married</u> Married?	(7) DATE OF BIRTH <u>Jan 23</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Will Stevenson

(9) PRESENT POSTOFFICE OF FATHER Woodward S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Fairfield Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown

(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Fairfield Co., S.C.

(19) OCCUPATION Farmer hand

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2.0 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline J. Anderson

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

Midwife Woodward S.C.

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 27 1916 (28) W. A. Blaine
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—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 OTHER, No. 2, etc., in question 5. McCaw, of Columbia