

Form No 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of None  
or  
Inc. Town of .....  
or  
City of .....

**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. 1501 Registered No. 6  
(For use of Local Registrar)  
Sl.: ..... (Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child W. Sula B. Stevenson If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Yes Married? ..... (7) DATE OF BIRTH Jan, 27, 1916  
(Name of Month) (Day) (Year)

**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 ..... 4.0 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Caroline J. Henderson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or 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

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

\*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.