

Form No. 1

(1) PLACE OF BIRTH

County of

Sikee

Township of

Deeply Hollow

Inc. Town of

or

City of

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

(2) Full Name of Child... *John Henry Stephens*

File No. For State Registrar Only

71129

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *212* Registered No. *14*

(For use of Local Registrar)

(No. ... St.; ... Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *Aug 20* 191*6*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Augustus Stephens

(9) PRESENT POSTOFFICE OF FATHER

Windsor S.C.

(10) COLOR OR RACE

collor(11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Everline Dick

(15) PRESENT POSTOFFICE OF MOTHER

Windsor S.C.

(16) COLOR OR RACE

collor(17) AGE AT LAST BIRTHDAY *17* (Years)

(18) BIRTHPLACE

Embank's Mill

(19) OCCUPATION

Farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *born* at *5 o'clock P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Jane Oakman Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

*Midwife**Hawthorne*

Given name added from a supplemental report

(25) Witness

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

(26) Filed

8/20/16

(27)

W. J. Eubank 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

INDEX WITH READING INC.—THIS IS A PERMANENT RECORD. 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