

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Charleston
orCity of Charleston (No. 79 Morris St. St.; Ward)
(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

71163

(2) Full Name of Child Harold Stephen If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 29th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Taylor Stephen(9) PRESENT POSTOFFICE OF FATHER 79 Morris St.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Stephen(15) PRESENT POSTOFFICE OF MOTHER 79 Morris St.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Phyllis K. Young(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 159 St. Pauline St.

Given name added from a supplemental report

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

(27) Filed 9/1/16 191... (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.

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McCauley of Columbia