

(1) PLACE OF BIRTH

County of Harry
 Township of Green Sea
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

42993

Registration District No. 2506 Registered No. 124
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Stephens (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mayo Stephens
 (9) PRESENT POSTOFFICE OF FATHER Taber N.C. R 2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
 (Year) (12) BIRTHPLACE Harry Co S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Guillie Powell
 (15) PRESENT POSTOFFICE OF MOTHER Taber N.C. R 2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
 (Year) (18) BIRTHPLACE Harry Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature of Physician or Midwife Mrs. M. H. Hodge
 (24) Address of Physician or Midwife Lewis St.

Given name added from
 (25) Signature of Witness necessary only when question 22 is signed by mother Edna Stephens
 (26) Signature of Local Registrar Edna Stephens

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child's birth is reported to the State Board of Health, a supplemental report is desired or stillbirths.