

PLACE OF BIRTH

County of Kershaw  
 Municipality of Bayboro  
 or  
 Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 14538

Registration District No. 2700 Registered No. 75  
 (For use of Local Registrar)

**Full Name of Child**

Sex of Child boy (4) Type of Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb 11th 1923  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

**FATHER.**  
 Full Name Ben Stevens  
 Present Postoffice of Father Beaufort, R. F. D. 50  
 (8) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41  
 (9) BIRTHPLACE S.C.

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lottie Hilton  
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort, S. C. R. F. D.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Seven

(20) Number of children born to mother, including present birth Seven  
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Grant, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. C. Grant  
 (27) Filed 1923 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.