

Form No. 1

(1) PLACE OF BIRTH

County of RichfieldTownship of 12

or Inc. Town of

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

Mary Susan Stevenson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet

(5) Number in order of birth To be answered only in event of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Emit Stevenson

(9) PRESENT POSTOFFICE OF FATHER

Richmond, S.C. 1. 1. 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Year)

(12) BIRTHPLACE

Fairfield Co,

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Clarke

(15) PRESENT POSTOFFICE OF MOTHER

Richmond, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Year)

(18) BIRTHPLACE

Richmond, S.C.

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

... at 3 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Richmond, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Oct 10 1923

(28)

P. M. Haxner

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.