

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Spartanburg  
(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  
**62022**

Registration District No. 40-A Registered No. 200  
(For use of Local Registrar)

2) Full Name of Child Stevens { 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 one (6) Are Parents Married? yes (7) DATE OF BIRTH May, 18 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. Landrum Stevens  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE Spartanburg Co., S.C.  
(13) OCCUPATION city fireman  
(14) Number of children born to mother, including present birth six

## MOTHER.

(14) NAME BEFORE MARRIAGE Lela Fowler  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Union Co., S.C.  
(19) OCCUPATION housewife  
(20) Number of children of this mother now living, including present birth five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. E. McDowell, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

Registrar

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

(27) Filed June 1, 1916 (28) Jas. Capes 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.