

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Amherst
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21140

Registration District No. 2200 Registered No. 85-
 (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 Jerry Steven (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? 13 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH July 9, 1923
 (If child is not yet named, make supplemental report as directed)

FATHER.

8. FULL NAME Jack Steven
 9. PRESENT POSTOFFICE OF FATHER Simpsonville
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 24
 12. BIRTHPLACE S.C.
 13. OCCUPATION Other well work
 20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Kate Traugott
 15. PRESENT POSTOFFICE OF MOTHER Simpsonville
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 21
 18. BIRTHPLACE S.C.
 19. OCCUPATION Wash & Sew work
 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature E. L. Richardson (24) Sex: whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

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

(27) Date Aug. 10, 1923 (28) E. L. Richardson Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches even case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.