

(1) PLACE OF BIRTH

County of HorryTownship of Simpson Creekor
Inc. Town ofor
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 Joseph Landy 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 28 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B.F. Stevens(9) PRESENT POSTOFFICE OF FATHER Allsbrook S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Horry Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Hughes(15) PRESENT POSTOFFICE OF MOTHER Allsbrook, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Horry Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maria Hewitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Allsbrook, 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 Jan 28 1922(28) 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.

*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.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7984

Registration District No. 7509 Registered No. 122
(For use of Local Registrar)