

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of ... Richland

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11729

Township of

Inc. Town of Registration District No. 384, Registering No. 352
(For use of Local Registrar)City of Columbia (No. 14 South St. 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Johnnie Eugene Stevens If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Mar 10 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(6) FULL NAME John Stevens(14) NAME BEFORE MARRIAGE Annie Smith(8) PRESENT POSTOFFICE OF FATHER Richland(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 31 (Years)(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Mexico Mo(18) BIRTHPLACE Rock Hill S.C.(13) OCCUPATION Plumber(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(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 Johnnie E. Stevens on Mar 10 1923 at Richland
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Stevens(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2412 Chestnut

Given name added from a supplemental report

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

(27) Filed Mar 16 1923 by W. E. Stevens 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.

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