

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

DEPARTMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Polk
Township of Essex
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
16360

Registration District No. 3707 Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)

(3) BOY OR GIRL? <u>Ag</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>FATHER: E. L. Stephens</u>				(9) NAME BEFORE MARRIAGE <u>MOTHER: E. L. Stephens</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Essex</u>				(10) PRESENT POSTOFFICE OF MOTHER <u>Essex</u>
(10) COLOR OR RACE <u>White</u>				(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>Polk</u>				(13) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(13) OCCUPATION <u>Harmon & Laband Wrenn</u>				(14) OCCUPATION <u>Dr. Wrenn</u>
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Ed. Wrenn, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Essex, S. C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed to mark)
(27) Filed June 9 1922 (28) Ed. Wrenn
Registrar 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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