

(1) PLACE OF BIRTH

County of Harry
 Township of Harry
 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

40067

Registration District No. 2.5.A. Registered No. 1.05
 (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 J. C. Stevens If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type Single (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH Dec 1, 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>J. B. Stevens</u>	(10) NAME BEFORE MARRIAGE <u>Lera Martin</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Albion S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Albion S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>
(12) BIRTHPLACE <u>Harry Co S.C.</u>	(12) BIRTHPLACE <u>Harry Co S.C.</u>	(12) BIRTHPLACE <u>Harry Co S.C.</u>	(12) BIRTHPLACE <u>Harry Co S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Farmer</u>
(14) Number of children born to mother, including present birth <u>9</u>	(14) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. E. Mangus (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Albion S.C.

Given name added from a supplemental report

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

(27) File Dec 7, 1923 (28) J. A. Rice 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.