

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

N. B.—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. McCaw, of Columbia.

(1) PLACE OF BIRTH CERTIFICATE OF BIRTH

County of York STATE OF SOUTH CAROLINA
Township of York Bureau of Vital Statistics
Inc. Town of Registration District No. 4005 State Board of Health
City of (No.) (If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No.—For State Registrar Only
74781

Registered No. 73
(For use of Local Registrar)
St. Ward)

(2) Full Name of Child 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—Aug 1 1914
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Stevens
(9) PRESENT POSTOFFICE OF FATHER Paulina
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE D.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lula Wyatt
(15) PRESENT POSTOFFICE OF MOTHER Paulina
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE D.C.
(19) OCCUPATION Domestic
(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 Paulina M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Smith M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 9 Elm Street

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 10 1914 (28) J. C. White 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.