

## (1) PLACE OF BIRTH

County of Edgefield

Township of .....

Inc. Town of Edgefield

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**4019**Registration District No. 18A Registered No. 13  
(For use of Local Registrar)(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 Dorothy Stevens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 23, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Stevens Jr  
(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Edgefield  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Owens  
(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Edgefield  
(19) OCCUPATION House duties  
(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 born alive at 8 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Edwards  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Edgefield, 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 3/14 1922 (28) Chas. J. Lamb 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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Registrar  
urn.