

(1) PLACE OF BIRTH

County of FairfieldTownship of 15Inc. Town of BuckhickCity of (No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85475

Registration District No. 1804 Registered No. 5
(For use of Local Registrar)

St.; Ward

City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Anna Maria T. Stevenson } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? 1 (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? 4 (7) DATE OF BIRTH Oct. 30th 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Stevenson</u>	(14) NAME BEFORE MARRIAGE <u>Margaret M. M. M.</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Buckhick S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buckhick S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Buckhick S.C.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
(10) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Buckhick S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(11) AGE AT LAST BIRTHDAY <u>21</u>	(20) Number of children of this mother now living, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report [Name] 191...
 (26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1916 (28) [Signature] 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.