

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield.....Township of #1.....or
Inc. Town of.....or
City of Shelton.....

(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

42237

Registration District No. 19.0.0 Registered No. 73.....
(For use of Local Registrar)(2) Full Name of Child Elizabeth Stevenson

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Stevenson(9) PRESENT POSTOFFICE OF FATHER Shelton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33.....
(Years)(12) BIRTHPLACE Shelton(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2 last marriage

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Taylor(15) PRESENT POSTOFFICE OF MOTHER Shelton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28.....
(Years)(18) BIRTHPLACE Leeds, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7 including first born

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. A. Crosby

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLeeds, 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 Jan 10, 1922 (28) Mrs. C. W. Faucette
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.

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.