

## (1) PLACE OF BIRTH

County of Sp. H. Co.Township of W. Groveor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4010 Registered No. 67  
(For use of Local Registrar)

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

C. Full Name of Child Sattie E. Stevens If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov - 10, 1924</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Missie Stevens(9) PRESENT POSTOFFICE OF FATHER Parline SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Timmy Gowan(15) PRESENT POSTOFFICE OF MOTHER Parline SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Dom.(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) J. F. McLean

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Parline S.C.

Given name added from a supplemental report

James Fairley  
Feb 25, 1925

(25) Witness

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

(26) Filed Nov 20, 1924

(27)

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.