

MEMORANDUM RESERVED FOR BIRTHS OF TWINS OR TRIPLETS. 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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Horry  
 Township of Bayboro  
 or  
 Inc. Town of ..... Registration District No. 2500 Registered No. 210  
 or  
 City of ..... (For use of Local Registrar)  
 (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  
90318

(2) Full Name of Child James J. 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 Dec. 11 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Olen Stevens  
 (9) PRESENT POSTOFFICE OF FATHER Allsbrook S.C. Route 4  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Horry Co., S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { Four

**MOTHER.**

(14) NAME BEFORE MARRIAGE Nattie Elizabeth Gerrald  
 (15) PRESENT POSTOFFICE OF MOTHER Allsbrook S.C. Route 4  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Horry Co., S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luger Richardson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Louis S.C.

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 Dec 23 1916 (28) J. W. Gerrald 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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