

(1) PLACE OF BIRTH

County of Darlington
 Township of Philadelphia
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

29898

Registration District No. 15-09 Registered No. 27
 (For use of Local Registrar)

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

(2) Full Name of Child Cornel Stephens { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? DATE OF BIRTH 9/6/22
 (Name of Month) (Day) (Year)

FATHER

(7) FULL NAME Jesse Stephens

(8) PRESENT POSTOFFICE OF FATHER Darlington SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Patsy Williams

(15) PRESENT POSTOFFICE OF MOTHER Darlington SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE Darlington SC

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living at 2:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laveria Thomas (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) L.H. H. 22 (28) R.J. Chaplin 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.