

(1) PLACE OF BIRTH

County of **Marlboro**

Township of

or
Inc. Town of **Bennettsville**or
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 **Steven B. Perkins**

File No.—For State Registrar Only

4571Registered No. **15**
(For use of Local Registrar)Registration District No. **33A**(3) BOY OR GIRL **Boy**

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married **Yes**(7) DATE OF BIRTH **Feb 23**

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Steve B. Perkins**(9) PRESENT POSTOFFICE OF FATHER **Bennettsville S.C.**(10) COLOR OR RACE **White**(11) AGE AT LAST BIRTHDAY **35**
(Years)(12) BIRTHPLACE **Marlboro Co. S.C.**

(13) OCCUPATION

Clerk

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE **Lela Bewhlan**(15) PRESENT POSTOFFICE OF MOTHER **Bennettsville S.C.**(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **43**
(Years)(18) BIRTHPLACE **Marlboro Co. S.C.**

(19) OCCUPATION

H.W.

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **3.30 AM.** on the date above stated. (Both alive or stillborn (Hour A. M. or P. M.))(23) (Signature) **Dr. H. Smith**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bennettsville S.C.

Given name added from a supplemental report

Miss S. S. S.
May 22 1923
Registrar

(26) Witness

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

(27) Filed

Mar 1 1923

(28)

Dr. H. Smith
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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WITH PLAINLY WRITTEN UNPAINED LINE—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, NO. 1, THEN OTHER, NO. 2, ETC., IN ORDER OF BIRTH.