

County of Charleston
Township of

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

No. 32051

Inc. Town of Registration District No. 9 A Registered No. 1100
City of Charleston Riverside Thomson (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 Katherine Cathcart Stevens 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? (7) DATE OF BIRTH Nov. 27, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William W. Smith Stevens

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Clerk

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Francis Cathcart

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 12:20 P.M.

(23) (Signature) J. P. Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Charleston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10. 20. 1923 (28) J. M. Green 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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