

(1) PLACE OF BIRTH

County of Lancaster

Township of

or Inc. Town of Lancaster

or City of

(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

Registration District No. 28th

File No. — For State Registrar Only

1706

Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Margaret Elizabeth Stevenson

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 5 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John A. Stevenson

(9) PRESENT POSTOFFICE OF FATHER

Lancaster, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Charleston County

(13) OCCUPATION

Hotel Waiter

MOTHER

(14) NAME BEFORE MARRIAGE

Ella Reed

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Lancaster, S.C.

(19) OCCUPATION

Washing

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

one

(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 at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Amie Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12-22-22

(28) Local Registrar

J. H. MacCormack

When there was no attending physician or midwife, then the father, household, 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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