

(1) PLACE OF BIRTH

County of

Edwards

Township of

Sham Linton

Inc. Town of

Linton

City of

(No. (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

85438

Registration District No.

1810

Registered No.

66

(For use of Local Registrar)

City of

St.; (Ward)

(2) Full Name of Child

Sarah Eugenie Stewart

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

(3) BOY OR GIRL?

F

(4) Twin or Triplet?

—

(5) Number in order of birth

1

(6) Are Parents Married?

Y

(7) DATE OF BIRTH

Feb. 29, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clifford E. Stewart

(9) PRESENT POSTOFFICE OF FATHER

Linton S P

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Greenwell Co

(13) OCCUPATION

School teacher

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lora Edwards

(15) PRESENT POSTOFFICE OF MOTHER

Linton S P

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Linton S P

(19) OCCUPATION

Housewife

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Linton S P

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Feb. 1915

(28)

J. H. Moore

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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WHILE PLAINLY, 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia.