

N. B.—In the case of twins or triplets use a SEPARATE BLANK for EACH CHILD, and mark the FIRSTBORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

County of Wilkes  
Township of Cane Creek  
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

15512

Registration District No. 2801 Registered No. 20  
(For use of Local Registrar)

(2) Full Name of Child Grinn Stewart ; If child is not yet named, make

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 25, 1922</i> (Name of Month) (Day) (Year)
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(8) FULL NAME **FATHER.** *Aaron Stewart*

(5) PRESENT POSTOFFICE OF FATHER *Riverside SC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE Leicester Co.

(13) OCCUPATION  
Farmer

(20) Number of children born to mother, including present birth. 2

(14) NAME BEFORE MARRIAGE **MOTHER.** *Christine Spera*

(15) PRESENT POSTOFFICE OF MOTHER *Genevieve C*

(15) COLOR OR RACE Bl (17) AGE AT LAST BIRTHDAY 20  
(Year)

(18) BIRTHPLACE Laurel, Md

(19) OCCUPATION  
Farmer

(21) Number of children of this mother now living, including present birth 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was low 4 lbs. at 8 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Martha McNamee  
(24) State whether Physician or Midwife ☐ Address of Physician or Midwife \_\_\_\_\_

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawrenceville, SC

Given name added from a supplemental report

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

(27) Filed May 29 1922 (28) J. T. [Signature] 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.