

Form No. 8

(1) PLACE OF BIRTH

County of LeeTownship of Muhlenbergor
Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

 Registration District No. 2443 Registered No. 101
 (For use of Local Registrar)

FILE NO. For State Registrar Only

41419

 (2) Full Name of Child Lillian Ruth Stewart (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

 (3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Age Parents Married? yes (7) DATE OF BIRTH Dec 6 1923
 (Name of Month) (Day) (Year)

 FATHER
 (8) FULL NAME John Stewart
 (9) PRESENT POSTOFFICE OF FATHER Carregy
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Lawyer

 MOTHER
 (14) NAME BEFORE MARRIAGE Mollie Cook
 (15) PRESENT POSTOFFICE OF MOTHER Carregy
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House keep
 (21) Number of children of this mother; now living, including present birth 2

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 (22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Jessie J. J. J.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Carregy

Given name added from a supplemental report

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

 (27) Filed Jan 1 1924 (28) Mrs. W. J. J. 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.

 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
 IN CASE OF FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 1.