

THIS IS A PERMANENT RECORD. TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Marion  
 Township of Fairview  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 34620 — For State Registrar Only

Registration District No. .... Registered No. ....  
 (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 Cornel Edward Stewart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19, 22  
 (Specify Month) (Day) (Year)

FATHER  
 (8) FULL NAME Hoke Howard Stewart  
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Cora League  
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) H. P. Stewart  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report  
 .....

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

(27) Filed ..... (28) 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.