

Form No 1.

(1) PLACE OF BIRTH

County of Parlanburg  
Township of Beech Springs

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

66176

Registration District No. 40 C Registered No. 96  
(For use of Local Registrar)

Sl.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley Stewart

(9) PRESENT POSTOFFICE OF FATHER Sumner R. 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE Tenn.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cora E Bishop

(15) PRESENT POSTOFFICE OF MOTHER Sumner R. 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Tenn.

(19) OCCUPATION Housewife

(20) 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 .....  
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. E. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

.....

Registrar

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

(27) Filed June 8 1916 (28) E. C. Capers  
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.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia