

## (1) PLACE OF BIRTH

County of York  
 Township of St. Mills  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 34.—For State Registrar  
**38087**

Registration District No. 4406 Registered No. 82  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... 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

(1) SEX OF CHILD <u>Girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>No</u>	(5) DATE OF BIRTH <u>May 10 1923</u> (Name of Month) (Day) (Year)
(6) FATHER. (1) FULL NAME <u>Eric Stewart</u>			(7) MOTHER. (1) NAME BEFORE MARRIAGE <u>Eula Davis</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>St. Mills S.C.</u>			(2) PRESENT POSTOFFICE OF MOTHER <u>St. Mills S.C.</u>	
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>St. Mills</u>			(18) BIRTHPLACE <u>St. Mills</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1/1</u>			(21) Number of children of this mother now living, including present birth <u>1/1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. J. Miller  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife St. Mills S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11/23-23 (28) E. J. Miller 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.

WRITE PLAINLY. WITH UNFADING INK—USE IN A PERMANENT MATERIAL. MAKE ONE OF THREE OR FOUR COPIES. ONE COPY TO BE FILED IN THE BUREAU OF VITAL STATISTICS. ONE COPY TO BE FILED IN THE COUNTY CLERK'S OFFICE. ONE COPY TO BE FILED IN THE TOWN CLERK'S OFFICE. NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.