

Form No. 3

## (1) PLACE OF BIRTH

County of Rochester  
 Township of Rt. 1  
 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

3696

Registration District No. 1705Registered No. 5  
(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 Addie Lee Steward

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 5th 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Morris Steward  
 (9) PRESENT POSTOFFICE OF FATHER Reevesville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lee Green  
 (15) PRESENT POSTOFFICE OF MOTHER Reevesville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (21) 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 at 6 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Hattie B. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Reevesville, S.C.

Given name added from a supplemental report

(26) Witness E. C. Oberhardt

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Feb. 9th 23(28) E. C. Oberhardt

Local Registrar

\*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITTEN IN PLAIN, WITH (CAPITALS) IN THIS IS A PERMANENT RECORD.

M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER No 2, etc. in question 5.

Bureau of Statistics, Columbia, S. C.