

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
24544Registration District No. 23A Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child Walter Harrison Morton Stuart 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 no (6) Are Parents Married yes (7) DATE OF BIRTH Aug. 2, 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Morton Stuart(9) PRESENT POSTOFFICE OF FATHER W.S. Veterans' Hospital, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE North Adams, Mass.(13) OCCUPATION Physician.(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Anna Taylor Seltzer(16) PRESENT POSTOFFICE OF MOTHER W.S. Veterans' Hosp., Greenville, S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 28 (Year)(19) BIRTHPLACE Gratz, Penn.(20) OCCUPATION Housewife(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 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Sept 3, 1928 (28) Ch. Smith 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.

City of Greenville

South Carolina

Department of Health

Irving P. Bartholme, M. D.

Commissioner of Health

June 8th, 1926.


Mr. C. W. Miller,
Columbia, S. C.

Dear Sir:-

I am enclosing herewith birth certificates for Harrison Morton Stewart, Jr. Born Aug. 2nd, 1923 with the request that mothers named be changed to read Hannah Saltzer instead of Anna Taylor Saltzer.)

Thanking you in advance for your attention to this matter, I am.

Very truly yours,


E. E. Aiken,
City Health Dept.
Greenville, S. C.

P.S. Hoping that you are enjoying the best of Health. It looks like we are going to have some rain this afternoon.

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville

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

CERTIFICATE OF BIRTH
CITY OF GREENVILLE, S.C.

Department of Health
Bureau of Vital Statistics, State Board of Health

File No. — for State Registrar

24544

Registration District No. 22 A Registered No. 437

(For use of Local Registrar)

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

(1) BOY OR GIRL? boy (4) Twin or Triplet? None (6) Number in order of birth 1st (8) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 2nd, 28 (Name of Month) (Day) (Year)

FATHER

(9) FULL NAME Harrison Morton Stewart

(10) PRESENT POSTOFFICE OF FATHER Greenville, S.C. U.S. Vet. Hospital

(11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 36 (Years)

(13) BIRTHPLACE North Adams Mass.

(14) OCCUPATION Physician

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

MOTHER

(16) NAME BEFORE MARRIAGE Hannah Saltzer

(17) PRESENT POSTOFFICE OF MOTHER Same

(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 28 (Years)

(20) BIRTHPLACE Gratz, Penn.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) F. Jordon

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Physician

Greenville, S.C.

Given name added from a supplemental report

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Registrar

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

(28) Sept. 3, 1928 (29) G. E. Smith 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.