

Form No. 1

(1) PLACE OF BIRTH

County of OceanTownship of Juglar

or

Inc. Town of

or

City of

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

(2) Full Name of Child Rex Stewart

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age - 4 years 7 months 23 days (7) DATE OF BIRTH July 7, 1923

(8) FULL NAME OF FATHER Alfred A. Stewart (9) NAME OF MOTHER Ellie Stafford

(10) PRESENT POSTOFFICE OF FATHER Natunites Rfd (11) PRESENT POSTOFFICE OF MOTHER Natunites Rfd

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 3 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 25

(16) BIRTHPLACE Ocean Co SC (17) OCCUPATION House and farm work

(18) Number of children born to mother, including present birth 4 (19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 1:00 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(21) Signature Mary Harris(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Natunites Rfd

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed in blank)

(25) Date July 12, 1923 (26) Registrar [Signature]

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 sixth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22019

Registration District No. 355Registered No. 44
(For use of Local Registrar)(No. 1 of 1 Ward)

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