

## (1) PLACE OF BIRTH

County of Union  
 Township of Fish Dam

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
 75009

Inc. Town of ..... Registration District No. 4203 Registered No. 32  
 (For use of Local Registrar)  
 or  
 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 William Stuart } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 1 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jackson Stuart

(9) PRESENT POSTOFFICE OF FATHER Carlisle

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31  
 (Years)

(12) BIRTHPLACE S.S.

(13) OCCUPATION Farming

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Elmira Jeter

(15) PRESENT POSTOFFICE OF MOTHER Carlisle

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
 (Years)

(18) BIRTHPLACE S.S.

(19) 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 alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Sinton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Carlisle, S.S.

Given name added from a supplemental report

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

(27) Filed Aug 25 1916 (28) P. H. Jeter Local Registrar

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.

MARGIN RESERVED FOR BINDING.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

State of Columbia.