

REMEMBER TO PRINT IN FULL NAMES OF FATHER AND MOTHER AND CHILD, AND MARK THE  
WATER PLANT. WITH UNFADING INK—THIS IS A PREPARATION FOR EACH CHILD, AND MARK THE  
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.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Forks  
or  
Inc. Town of ..... Registration District No. 305 Registered No. 549  
(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.)

File No.—For State Registrar Only  
**63008**

(2) Full Name of Child Dessie Mae Stewart { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1916  
(Name of Month) (Day) (Year)

FATHER. Stewart  
(8) FULL NAME John Thomas Stewart  
(9) PRESENT POSTOFFICE OF FATHER Louenville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Anderson Co. S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth { 11

MOTHER.  
(14) NAME BEFORE MARRIAGE Mamie Chestnut  
(15) PRESENT POSTOFFICE OF MOTHER Louenville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Anderson Co. S.C.  
(19) OCCUPATION Housekeeper  
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 A. M.,  
(Born) alive or stillborn (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) J. M. Hobson, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Louenville S.C.

Given name added from a supplemental report  
LAR son 191  
affed. 10/14/43  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 20, 1916 (28) R. B. McCalin 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.

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