

(1) PLACE OF BIRTH

County of York
 or
 Township Knight
 or
 Inc. Town of Calaver
 or
 City of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9549

Registration District No. 4407Registered 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.)
 St.: York Ward: 5

(2) Full Name of Child

Black Combustion Stewart

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>0</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>0</u>	(6) Age Parents Married? <u>4 years</u>	(7) DATE OF BIRTH <u>Jan 30 1922</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>M. C. Stewart</u>		(14) NAME BEFORE MARRIAGE <u>Sonie Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calaver St.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Calaver St.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>York Co</u>		(18) BIRTHPLACE <u>York Co</u>		
(13) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. H. H. H.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Calaver St.

Given name added from a supplementary report

(26) Witness 7-7-22
 (Signature of Witness necessary only when question 25 is signed by mark)