

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45043

Registration District No. 4404

Registered No. 141

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 27, 51

(Name of Month) (Day) (Year)

## FATHER.

(2) FULL NAME

Will Stewart

(6) PRESENT POSTOFFICE OF FATHER

Columbia S.C. #2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

York County S.C.

(13) OCCUPATION

Farmer on farm

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mame Maxley

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C. #12

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Charleston Co. S.C.

(19) OCCUPATION

Domestic

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Edmond S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

191...

Registrar

(28) Local Registrar

J. R. Miller

\*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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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 2.

W. H. McCaw, Registrar