

Form No 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of No. 2

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

48347

Registration District No. 1901 Registered No. 91

(For use of Local Registrar)

(2) Full Name of Child Virtue Stewart

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

(3) <u>BOY OR GIRL?</u> <u>girl</u>	(4) Twin or Triplet? <u>No.</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) <u>Married?</u> <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Noah Stewart

(9) PRESENT POSTOFFICE OF FATHER Woodward, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Fairfield Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Sylvia Caldwell

(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Fairfield Co. S.C.

(19) OCCUPATION Farmer Hand

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa W. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Woodward, S.C.

Given name added from a supplemental report

..... 191.....

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Registrar

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

(27) Filed Feb 5 1916 (28) W. A. Blaine
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.

N. E.—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.
McCraw, of Columbia.