

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29218

Registration District No. 9 ARegistered No. 1347
(For use of Local Registrar)

(2) Full Name of Child Aetha Stewart
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 16th, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Stewart
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Chauffeur

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

MOTHER.

(14) NAME BEFORE MARRIAGE Floride Hill
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 52 Ashe St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/181922
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.