

(1) PLACE OF BIRTH

County of York
 Township of Livingston Mtn.
 or
 Inc. Town of Chester
 or
 City of

CERTIFICATE OF BIRTH

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

No. 19550
 For State Registrar Only

Registration District No. 44.4.7 Registered No. 68
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 4, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Worth Stewart</u>			(14) NAME BEFORE MARRIAGE <u>Clara Ferguson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Clare SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clare SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>York Co</u>			(18) BIRTHPLACE <u>York Co NC</u>	
(13) OCCUPATION <u>White Operator</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Clare SC

Given name added from a supplemental report

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

(27) Filed June 15, 1923 (28) [Signature] 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.

(29) Filed June 15, 1923 (30) [Signature] 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.

WHEN PLACED IN THE CASE OF A FETTERED BIRTH, THIS IS A PRELIMINARY RECORD. 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, mark the sex of each child.