

County of DeKalb  
Township of Roger  
or  
Inc. Town of .....  
or  
City of .....

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

18416

Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

City of \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_  
 Birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mayella Stuart

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

7 BOY-GIRL  
GIRLS *file*

4) Twin or Triplet?

5) Number in order of birth

(6) Are Parents Married? *yes*

7) DATE OF BIRTH *January 8th 1922*

# FATHER

5) FULL NAME

9 PRESENT  
POSTOFFICE  
OF FATHERS

3  
CH  
COLON

## CONCLUSIONS

(11) AGE AT LAST BIRTHDAY **47**  
(Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER.

(15) COLOR  
OR  
RACE

(18) BIRTHPLACE

(17) AGE AT LAST BIRTHDAY **36**  
(Years)

**18) OCCUPATION**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated. *417*

(28) (Signature)

(24) State whether Physician or Midwife

(Given name added from a supplemental report)

(28) Witness

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

(27) Filed

市金銀業公會

(28)

Local Registrar.

REGISTER

\* If the mother was attended by a physician or midwife, then the father, householder, etc., should make this return. If a still-birth occurs even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.