

CERTIFICATE OF BIRTH

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

File No.—For State Bankers Use

12930

County of San Diego

Township of Bedford, Brd.

or
The Town of.....

City of

Registration District No. 401

Registered No. 37

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child Johnny B. Steward

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

(a) SEX OR GALL <i>Boy</i>	(c) Twin or Triplet To be answered only in event of Twin or Triplet	(b) Number in order of birth	(d) Are Parents Married? <i>yes</i>	(e) DATE OF BIRTH <i>May 13 33</i> (Name of Month) (Day) (Year)
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FATHER

Full Name Rutherford Brilmond

PRESENT POSTOFFICE OF FATHER 7114 1/2

(10) COLOR BRN (11) AGE AT LAST BIRTHDAY 26

NAME	DATE
10. BIRTHPLACE	

10 OCCUPATION

form in oil

2. Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Hassel

(18) PRESENT POSTOFFICE OF MOTHER *Clay Sc*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *25* (18) (19)

(16) BIRTHPLACE 1 C

(16) OCCUPATION

(2) Number of children of this mother 1 50

new living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(28) (Signature) Herman Matheny

(34) State whether Physician or Midwife	(35) Date of Birth
midwife	11/15/24

Given name added from a supplement-
al report

LAR *am*

.....
 12/13/53
 Registrar

(28) Witness (signature of witness necessary only)

when question 23 is signed by mark)

(27) Filed 11/19/20 L.S. (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths.