

Form No. 1

1) PLACE OF BIRTH

County of DorchesterTownship of Wager

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18420

Registration District No. 1704 Registered No. 40
(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.)(2) Full Name of Child Carrie Stuart (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL girl 4) Twin or Triplet? 1 5) Number in order of birth 3 (6) Are Parents Married? yes 7) DATE OF BIRTH June 17 1919
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Amie Stuart9) PRESENT POSTOFFICE OF FATHER Reevesville N.C.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)12) BIRTHPLACE N.C.13) OCCUPATION Farming14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Hot(15) PRESENT POSTOFFICE OF MOTHER Reevesville N.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive & P. at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Brown
(24) State whether Physician or Midwife Midwife Reevesville N.C.

Given name added from a supplemental report

(26) Witness E. C. Cherland
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 17 1919 (28) E. C. Cherland
Local Registrar.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.WHILE PLACING THIS IN A PERMANENT RECORD, THERE IS A PERMANENT RECORD FOR EACH CHILD AND MARK AND
IN CASE OF TWIN OR TRIPLET, IN USE A SEPARATE BLANK FOR EACH CHILD, NO. 2, NOT IN QUESTION 3
FIRST BORN NO. 1