

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Murdoch</i>		STATE OF SOUTH CAROLINA		85900	
Township of <i>Bradley</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <i>2300</i>		Registered No. <i>48</i>	
or		(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 <i>Phyllis Stuart</i>				If child is not yet named, make supplemental report as directed.	
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Apr 18 1916</i>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <i>John A. Stuart</i>			(14) NAME BEFORE MARRIAGE <i>Mary Lou Lefler</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Bradley S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Bradley S.C.</i>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <i>44</i>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <i>36</i>		
(12) BIRTHPLACE <i>Cherokee Co S.C.</i>			(18) BIRTHPLACE <i>Cherokee Co S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farmer Wife</i>		
(20) Number of children born to mother, including present birth <i>9</i>			(21) Number of children of this mother now living, including present birth <i>9</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>11</i> M. on the date above stated. (Born <i>alive</i> or Stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Marion L. Stuart</i>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)		
19 .....			(27) Filed <i>Dec 2 1916</i> (28) <i>J. A. L. L. L.</i> Local Registrar		
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.