

(1) PLACE OF BIRTH

County of Colleton
Township of Walter
or
Inc. Town of.....
or
City of..... (No. St.: Ward)

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

File No.—For State Registrar Only
3795

Registration District No. 14-1 Registered No. 10
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Willie Steward
(9) PRESENT POSTOFFICE OF FATHER Ruffin S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 5-1
(Years)
(12) BIRTHPLACE Colleton county
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Tracey
(15) PRESENT POSTOFFICE OF MOTHER Ruffin S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 41
(Years)
(18) BIRTHPLACE Colleton county
(19) OCCUPATION house wife
(21) Number of children of this mother new living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Emery Jones
(24) State whether Physician or Midwife Mid wife (25) Address of Physician or Midwife Ruffin S.C.

Given name added from a supplemental report

(26) Witness G. J. Vann
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 27 22 (28) J. P. A. Ireland
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.

MARGIN RESERVED FOR RECORDS
PRINT CLEARLY WITH UTILITY. THE STATE OF SOUTH CAROLINA BUREAU OF VITAL STATISTICS
THIS FORM IS TO BE USED IN REPORTING THE BIRTH OF EACH CHILD, AND MARK THE
PART ONLY. SEE THE OTHER, No. 2, etc., in question 6
Bureau of Columbia, Columbia, S. C.