

(1) PLACE OF BIRTH

County of YorkTownship of York

OF

Inc. Town of York

OF

City of York

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Month of Month) (Day) (Year)
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(8) FATHER'S FULL NAME <u>L. E. Stewart</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Pearl Stewart</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(16) BIRTHPLACE <u>Parkers</u>		(17) BIRTHPLACE <u>Parkers</u>	
(18) OCCUPATION <u>Teacher</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at York, S.C. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Carroll M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

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Registrar(27) Filed July 7, 1922 (28) H. F. Wyatt 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.

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