

MARGIN RESERVED FOR BUREAU.
WITH UNPAID INSURANCE IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTIONS 8
BEGAN OR CONCLUDED.

(1) PLACE OF BIRTH
County of Darlington,
Township or County, Hill
or
Inc. Town of.....
or
City of

(No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 20 1923</i> (Name of Month) (Day) (Year)
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PATHER.

(8) FULL NAME <i>Stewart B. Gandy</i>	(9) PRESENT POSTOFFICE OF PATHER <i>Society Hill</i>	(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Years)	(12) BIRTHPLACE <i>S.C.</i>	
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Years)				
(12) BIRTHPLACE <i>S.C.</i>					

(13) OCCUPATION <i>Mechanic</i>	
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(20) Number of children born to
mother, including present birth
2

(14) NAME BEFORE MARRIAGE <i>Edelle Lewis</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Society Hill</i>
(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(18) BIRTHPLACE <i>S.C.</i>	

(19) OCCUPATION <i>Housewife</i>	
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(21) Number of children of this mother
now living, including present birth
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4:30* A. M.,
on the date above stated.

(23) (Signature) *Mabel Bellows* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife
doc. Hill

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed *Nov 16 1941* (28) Local Registrar
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.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only
B737

Registration District No. **1510**

Registered No. **10**
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 20 1923</i> (Name of Month) (Day) (Year)
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