

Form No. 1

(1) PLACE OF BIRTH

County of PickensTownship of Liberty

or

Inc. Town of

or

City of

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

(2) Full Name of Child J. H. Stewart

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 1, 1922
(Month) (Day) (Year)(8) FULL NAME O. B. Stewart(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5(14) NAME BEFORE MARRIAGE Gertie Watts(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)(23) (Signature) F. S. Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

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

(27) Filed June 7, 1922 (28) John T. Buggs 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.