

## (1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of street and number.)

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

File No.—For State Registrar Only

3353

Registration District, No. 9 A. Registered No. .... 195...  
 (For use of Local Registrar)  
 (No. 42 Rural St.; ..... Ward)

## (2) Full Name of Child

James 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

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 5 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. S. Stewart

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

21  
 (Years)

(12) BIRTHPLACE

Habersham Co. Ga.

(13) OCCUPATION

Domestic

## MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Stewart

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

20  
 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, James Stewart, at 248 P. M.  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/22/22 19 22 Merced, Calif.  
 Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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.

SIXTH MONTH OF PREGNANCY.

Given name added from a supplemental report

(Date of)

Filed

9/22/1922Merced, Calif.  
 Local Registrar.

Registrar.