

(1) PLACE OF BIRTH

County of Charlotte
Township of
or
Inc. Town of
or
City of Charlotte
(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)

(2) Full Name of Child

Zachary 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 Triplets

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH
Jan 5 1920
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm. Stewart

(14) NAME BEFORE MARRIAGE Julia Church

(9) PRESENT POSTOFFICE OF FATHER Charlotte S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charlotte S.C.

(10) COLOR OR RACE B

(11) AGE AT LAST BIRTHDAY 21
(Years)

(16) COLOR OR RACE B

(17) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE Wabley S.C.

(18) BIRTHPLACE Charlotte S.C.

(13) OCCUPATION Domestic

(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 Mrs. J. P. M. at Charlotte, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 612 1/2 St

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 1920 at Charlotte, S.C. 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.

..... MONTH OF PREGNANCY.

Given name added from a supplemental report

(Date of)

Filed

9 22 1920

Local Registrar

Registrar