

(1) PLACE OF BIRTH

County of FisherTownship of 7

Inc. Town of.....

City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 704Registered No. 95
(For use of Local Registrar)(2) Full Name of Child James A. Stewart(3) SEX OF CHILD Boy (4) Type of Infant To be reported only in event of Twin or Triplet (5) Number in order of birth 40 (6) DATE OF BIRTH Oct 2 1922
(Name of Month) (Day) (Year)FATHER: (7) FULL NAME Edmund Stewart (8) NAME BEFORE MARRIAGEMOTHER: (9) PRESENT RESIDENCE OF FATHER Central H 4 (10) NAME BEFORE MARRIAGE Mama Manly(11) COLOR OF FATHER W. (12) AGE AT LAST BIRTHDAY 27 (13) COLOR OF MOTHER W. (14) AGE AT LAST BIRTHDAY 15(15) BIRTHPLACE OF FATHER Fisher O. (16) BIRTHPLACE OF MOTHER Pickens O.(17) OCCUPATION OF FATHER Farmer (18) OCCUPATION OF MOTHER Housewife(19) Number of children born to mother, including present birth 2 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was..... on the date above stated. (22) (Signature) Euna West (23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Date 12/8/22 (27) 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.