

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Marion  
Township of Waheror  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead 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

73889

Registration District No. 3204 Registered No. 547  
(For use of Local Registrar)(2) Full Name of Child John Stewart { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Twin</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 14 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Pon Singleton Stewart(9) PRESENT POSTOFFICE OF FATHER W Marion SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Kingsburg SC(13) OCCUPATION R.R. Constructor(20) Number of children born to mother, including present birth { 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Alice Mercer(15) PRESENT POSTOFFICE OF MOTHER W Marion SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Georgetown SC(19) OCCUPATION ✓(21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. Marion White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Marion SC

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed .....191..... (28) B. F. Dill  
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.