

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Bella

or

Inc. Town of

or

City of Jake Jenkins

(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

41830

Registration District No. 14. P. 1.Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Cherry 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? no(7) DATE OF BIRTH Dec. 28, 1942

(Name of Month, (Day) (Year))

FATHER.

(8) FULL NAME Fish Stewart(9) PRESENT POSTOFFICE OF FATHER Ruffin, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Ruffin, S.C.

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Fontella Jenkins(15) PRESENT POSTOFFICE OF MOTHER Ruffin, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Ruffin, S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth 6(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 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Warren

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ruffin 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 Jan. 7, 1943(28) R. V. Barclay

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.

RECORD OF COLUMBIA, COLUMBIA, S. C.

WHITES PLAINLY, NATIVES PLAINLY, COLORED PLAINLY, AND MARK THE COLOR OF CHILD IN EACH CASE. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE COLOR OF EACH CHILD IN EACH CASE. IN QUESTION 2, ETC., IN QUESTION 2.