

(1) PLACE OF BIRTH

County of NewberryTownship of No. 2

City of

City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31384

Registration District No. 3400 Registered No. 36

(For use of Local Registrar)

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Susan Stuart If child is not yet named, make supplemental report as directed(1) SEX OR CHILD girl (2) Twin or Triplet? 2nd (3) Number in order of birth 2nd (4) Are Parents Married? yes (5) DATE OF BIRTH Sept 17 1922 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(6) FULL NAME William Stuart(14) NAME BEFORE MARRIAGE Mamie Stuart(7) PRESENT PLACE OF BIRTH Newberry S.C.(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 25 (Years)(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)(10) BIRTHPLACE S.C.(18) BIRTHPLACE Newberry S.C.(11) OCCUPATION Farming(19) OCCUPATION Farm helper(12) Number of children born to mother including present birth 2nd(20) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Adeline Caldwell

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

Midwife Newberry S.C.

Name added from a supplemental report

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

(26) Filed Sept 21 1922 (27) George R. Ruff 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.

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