

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of **Beaufort**

Township of

or
Inc. Town of **Burton**or
City of

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

(2) Full Name of Child **Rebecca Stuart**

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

F

(4) Twin or Triplet?

twin(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

1/17/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Stuart

(9) PRESENT POSTOFFICE OF FATHER

Burton, S.C. Box 48 A

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Ellis Plantation- Port Royal Island

(13) OCCUPATION

Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Hagah Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Burton, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Rhett Plantation- Port Royal Island

(19) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth

six

(21) Number of children of this mother now living, including present birth

six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at **9** P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Linda Stuart**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Garland Rice

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

1/20/22**W C Brant**

(27) Filed

19

(28)

Local Registrar

(29)

*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.