

MARGIN RESERVED FOR BINDING.
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 2.
MEADOW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Newberry
Township of Mayhew m3
or
Inc. Town of
or
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
19547

Registration District No. 3405 Registered No. 17.....
(For use of Local Registrar)

(2) Full Name of Child Rev. Adams Steward If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? + 4) Twin or Triplet? No 5) Number in order of birth 10 6) Are Parents Married? yes 7) DATE OF BIRTH May 19 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Claird C. Steward
9) PRESENT POSTOFFICE OF FATHER Blains
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 41.....
(Years)
12) BIRTHPLACE Garbise Union Co. S.C.
13) OCCUPATION Farmer

MOTHER.
14) NAME BEFORE MARRIAGE Janet P. Means
15) PRESENT POSTOFFICE OF MOTHER Blains
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 39.....
(Years)
18) BIRTHPLACE Mayhew Newberry Co. S.C.
19) OCCUPATION Farming

20) Number of children born to mother, including present birth { } 21) Number of children of this mother now living, including present birth { Oliver }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was t st M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Sallie Means
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blains P.O.

Given name added from a supplemental report
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..... 19 Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (28) 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.