

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17750

Registration District No. 2-2-13

Registered No. 18-  
(For use of Local Registrar)

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

## (2) Full Name of Child Mary Helen Stuard

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

(3) ~~SON OR~~  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTHMarch 27, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Miles Grady Stuard

(9) PRESENT  
POSTOFFICE  
OF FATHER

Greer S.C.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY29  
(Years)

(12) BIRTHPLACE

Greenville Co S.C.

(13) OCCUPATION

Postal Clerk

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

3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Myrtle Ruth Bennett

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Greer S.C.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY20  
(Years)

(18) BIRTHPLACE

Union S.C.

(19) OCCUPATION

Domestic

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alive at 6:30 a.m.  
(Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

R. L. Marchant - M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greer S.C.

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed 7-12-23

(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.If a child breathes even once, it must not be reported as stillborn  
before the fifth month of pregnancy.