

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 8.

McClaw, of Columbia.

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor Rockledge

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

Martha Jane Stewart

File No.—For State Registrar Only

75196

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 44B Registered No. 148

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Aug 30, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Miller

(9) PRESENT POSTOFFICE OF FATHER

R. Hill

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Day Laborer

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

{ 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Stewart

(15) PRESENT POSTOFFICE OF MOTHER

R. H.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Day Laborer

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

{ 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed 8/31/1916

(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.