

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**75196**

(1) PLACE OF BIRTH  
County of York  
Township of .....

or  
Inc. Town of .....

or  
City of Rock Hill (No. ....) St.; ..... Ward)

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

Registration District No. 44B Registered No. 148

(For use of Local Registrar)

(2) Full Name of Child. Martha Jane Stewart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 30 6</u>
<small>To be answered only in event of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

### 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 ..... M., 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 Midwife (25) Address of Physician or 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) J. A. Miller 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.

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 5. McCaw, of Columbia.