

(1) PLACE OF BIRTH

County of Newberry
Township of No. 11
or
Inc. Town of Pomaria
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5104

Registration District No. 344 Registered No. 13
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 30, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. S. Stuart

(9) PRESENT POSTOFFICE OF FATHER Pomaria

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 47
(Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Organ Repairer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Stuart

(15) PRESENT POSTOFFICE OF MOTHER Pomaria

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Singler (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pomaria

Given name added from a supplemental report

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

(27) Filed 2/20 19 22 (28) R. J. Johnston 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.