

(1) PLACE OF BIRTH

County of Marlboro

Township of

or

Inc. Town of Bennettsville

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

73892

Registration District No. 33ARegistered No. 64

(For use of Local Registrar)

(2) Full Name of Child Raymond Stuart

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH

Aug 7 - 16

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Oella Stewart

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Bennettsville SC

(13) OCCUPATION

Brick-Mason

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

{ One }

MOTHER

(14) NAME BEFORE MARRIAGE

Auna Groce

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Bennettsville SC

(19) OCCUPATION

Common Labor

(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 12:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bennettsville SC

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

Aug 12 1916

(28)

W. C. Pate

Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the

MARGIN RESERVED FOR BINDING.
ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
of Columbia.