

(1) PLACE OF BIRTH

County of *Charleston*
Township of *St. P. St. M.*
or
Inc. Town of
or
City of *North Charleston*

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

File No.—For State Registrar Only

10383

Registration District No. *909* Registered No. *83*
(For use of Local Registrar)

(2) Full Name of Child *Ernest Stewart* (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 (6) Are Parents Married? *No* (7) DATE OF BIRTH *April 10 1922*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Edward Stewart*
(9) PRESENT POSTOFFICE OF FATHER *Unknown*
(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *25* (Year)
(12) BIRTHPLACE *Greenwood S. C.*
(13) OCCUPATION *Common Laborer*
(20) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Blanche Eastens*
(15) PRESENT POSTOFFICE OF MOTHER *North Charleston*
(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *18* (Year)
(18) BIRTHPLACE *St. Matthews S. C.*
(19) OCCUPATION *House work*
(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 born *alive* at *1:35 a* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Hattie Scott*
(24) State whether Physician or Midwife *R. Midwife* (25) Address of Physician or Midwife *Liberty Hall*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed *May 2 1922* (28) *C. F. Myers* 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. BECAUSE OF COLLUSION, COLUMBIA, D. C.