

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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?

No

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

April 10, 1922

(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

(Years)

(12) BIRTHPLACE

Greenwood S. C.

(13) OCCUPATION

Common Laborer

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

(Years)

(18) BIRTHPLACE

St. Matthews S. C.

(19) OCCUPATION

House work

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

1

(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. Hattie South (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Hattie South

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

R. Midwife Liberty Hall

Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by man)19
Registrar

(27) Filed

May 2, 1922

(28)

G. 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.