

(1) PLACE OF BIRTH

County of Charleston

Township of

In the year of

City of Charleston

(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. 34013

34013

Registration District No. 9 A Registration No. 1
 For use of Life Book
 Full Name of Child Ernest Stewart If child is not yet named, make supplemental report as directed

(1) SEX Male (2) AGE 5 (3) DATE OF BIRTH Nov 19 28
 (4) PLACE OF BIRTH Charleston (5) PLACE OF BIRTH Charleston

FATHER
 (1) FULL NAME Moses Stewart
 (2) PRESENT POSTOFFICE OF FATHER Jersey City N.J.
 (3) COLOR Cal (4) AGE AT LAST BIRTHDAY 32 (Years)
 (5) BIRTHPLACE Charleston S.C.
 (6) OCCUPATION Laborer
 (7) Number of children born to mother, including present birth 5th

MOTHER
 (1) NAME BEFORE MARRIAGE Elaine Hamilton
 (2) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (3) COLOR Cal (4) AGE AT LAST BIRTHDAY 31 (Years)
 (5) BIRTHPLACE Charleston S.C.
 (6) OCCUPATION Domestic
 (7) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was 2:30 P.M. (Hour & M. & P.)
 on the date above stated. (Born alive unborn)

(19) (Signature) Rodney Mackenzie
 (20) State whether Physician or Midwife (21) Address of Physician or Midwife
Charleston S.C.

Given name added from a supplemental report

(22) Witness Signature of witness necessary only when question 20 is signed by midwife

(23) Filed 11/27/28 (24) J. Mason, 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 children before the sixth month of pregnancy.