

## (1) PLACE OF BIRTH

County of UnionTownship of Jonesvilleor JonesvilleInc. Town of JonesvilleCity of SC

(If birth occurs in 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

70721

Registration District No. 4204 Registered No. 49

(For use of Local Registrar)

## (2) Full Name of Child

Harmon Stewart(3) SEX OR  
CHILD?Male(4) Twin  
or Triplet?No(5) Number in  
order of birth1

To be answered only in event of Twins or Triplets

(6) AGE  
MOTHER24(7) DATE OF  
BIRTHJune 9

(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAMEHarmon Stewart(9) PRESENT  
POSTOFFICE  
OF FATHERJonesville(10) COLOR  
OR  
RACEBlack(11) AGE AT LAST  
BIRTHDAY30

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE  
MARRIAGENone(15) PRESENT  
POSTOFFICE  
OF MOTHERJonesville(16) COLOR  
OR  
RACEBlack(17) AGE AT LAST  
BIRTHDAY30

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic(20) Number of children born to  
mother, including present birth1(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife .....

Given name added from a supplemen-  
tal report

....., 191.....

Registrar

(26) Witness .....

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

(27) Filed ..... 191.....

(28) .....

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.