

Form No 1.

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Wellington  
 or  
 Inc. Town of Plyer St  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

71220

Registration District No. 3 D Registered No. 83

(For use of Local Registrar)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Elizabeth Stewart { If child is not yet named, make supplemental report as directed

|  |  |                                 |   |   |
|--|--|---------------------------------|---|---|
| (3) BOY OR GIRL <u>girl</u>  | (4) Twin or Triplet?                           | (5) Number in order of birth    | (6) Are Parents Married <u>yes</u>  | (7) DATE BIRTH <u>Aug 6 6</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |  |                                 | MOTHER.   |   |
| (8) FULL NAME <u>For Stewart</u>   |  |                                 | (14) NAME BEFORE MARRIAGE <u>Eliza Bishop</u>                                       |   |
| (9) PRESENT POST OFFICE OF FATHER <u>Plyer SC.</u>                       |  |                                 | (15) PRESENT POST OFFICE OF MOTHER <u>Plyer St.</u>                                 |   |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>27</u><br>(Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>19</u><br>(Years)                                      |   |
| (12) BIRTHPLACE <u>Tenn.</u>   |  |                                 | (18) BIRTHPLACE <u>Tenn.</u>  |   |
| (13) OCCUPATION <u>Misc work</u>   |  |                                 | (19) OCCUPATION <u>Domestic</u>   |   |
| (20) Number of children born to mother, including present birth <u>2</u> |  |                                 | (21) Number of children of this mother now living, including present birth <u>2</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. T. Mosher  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Plyer St.

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 Sep 10 1916 (28) Francis J. Bishop 3rd  
 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.

W. T. Mosher, 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.

McClaw, of Columbia