

(1) PLACE OF BIRTH
County of *Auderson*
Township of *Wilmington*
or
Inc. Town of *Plyer S.C.*
or
City of _____
(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.—For State Registrar Only
71220

Registration District No. *3 D* Registered No. *83*
(For use of Local Registrar)

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Aug 6 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Jos Stewart</i>		(14) NAME BEFORE MARRIAGE <i>Eliza Bishop</i>		
(9) PRESENT POST OFFICE OF FATHER <i>Plyer S.C.</i>		(15) PRESENT POST OFFICE OF MOTHER <i>Plyer S.C.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)	
(12) BIRTHPLACE <i>Tenn.</i>		(18) BIRTHPLACE <i>Tenn</i>		
(13) OCCUPATION <i>Mill work</i>		(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>7</i>		(21) Number of children of this mother now living, including present birth <i>7</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 9* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. T. Mott*
(24) State whether Physician or Midwife
Midwife
(25) Address of Physician or Midwife
Plyer S.C.

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. Plyer 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.

In case of TWINS OR TRIPLETS use SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCRAW, of Columbia.