

(1) PLACE OF BIRTH

County of York
Township of Cotawhatchee
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28373

Registration District No. Registered No. 68
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child La 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 Mar 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Stewart
(9) PRESENT POSTOFFICE OF FATHER Cotawhatchee S.C. R# 2
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Year)
(12) BIRTHPLACE Charleston County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 51

MOTHER.

(14) NAME BEFORE MARRIAGE Neomie Maxey
(15) PRESENT POSTOFFICE OF MOTHER Cotawhatchee S.C. R# 2
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Charleston County
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James Maxey
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cotawhatchee S.C.

Given name added from a supplemental report

(26) Witness J. N. Gato
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/21 1922 (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.

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