

(1) PLACE OF BIRTH

County of .....  
Township of .....  
OF  
Inc. Town of .....  
OF  
City of P. ....

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

Registration District No. 9.A

File No.—For State Registrar Only

27493

Registered No. ....  
(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: Do May Stuard

(If child is not yet named, make supplemental report as directed)

(3) SEX GIRL (4) Twin or Triplet yes (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sep 24 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Stuard  
(9) PRESENT POSTOFFICE OF FATHER Charleston SC  
(10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE Charleston SC  
(13) OCCUPATION Shuffler  
(14) Number of children born to mother, including present birth 3 children

**MOTHER.**  
(14) NAME BEFORE MARRIAGE May Washington  
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
(16) COLOR OR RACE Caled (17) AGE AT LAST BIRTHDAY 21 (Year)  
(18) BIRTHPLACE Charleston SC  
(19) OCCUPATION house work  
(21) Number of children of this mother now living, including present birth 3 living

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated. (born alive or stillborn Hour M. or P. M.)

(23) (Signature) Sarah B. Brown  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 35 Chestnut St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by me)  
(27) Filed 26 is John D. Brown 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.