

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 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
39371

Registration District No. 3203

Registered No. 749
 (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 Harry Thaddeus Stewart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 15, 1931
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thaddeus V. Stewart

(9) PRESENT POSTOFFICE OF FATHER Marion Sl. #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
 (Year)

(12) BIRTHPLACE Marion County Sl.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Dozier

(15) PRESENT POSTOFFICE OF MOTHER Marion Sl. #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Year)

(18) BIRTHPLACE Marion County Sl.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:50 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion Sl.

Given name added from a supplemental report

Mrs. M. D. Montgomery

Oct. 21, 1931
 Registrar

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

(27) Filed Dec. 10, 1931 (28) Lula Montgomery
 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.

IF BIRTH OR DEATH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.