

(1) PLACE OF BIRTH

County of *Barnwell*
Township of *Allendale*
or
Inc. Town of

CERTIFICATE OF BIRTH

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

Filing No. For State Registrar Only

84331

Registration District No. *57D*

Registered No. *1657*
(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 *Paul Washington 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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 13 1916* (Name of Month) (Day) (Year)

FATHER (8) FULL NAME *William Johnson*

MOTHER (14) NAME BEFORE MARRIAGE *Mary*

(9) PRESENT POSTOFFICE OF FATHER *Fairfax S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Fairfax S.C.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *22* (Years)

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *17* (Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farm Labourer*

(19) OCCUPATION *Form Labourer*

(20) Number of children born to mother, including present birth *1*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Flora Mendenhall* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Fairfax S.C.*

Given name added from a supplemental report

(26) Witness *F. H. Bond* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar 18 1916* (28) *F. H. Bond* 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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