

(1) PLACE OF BIRTH
 County of Florence
 Township of W. C. S. Boy
 or
 Inc. Town of
 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
85656

Registration District No. 2014 Registered No. 69
 (For use of Local Registrar)
 St.; Ward
 (No.)

(2) Full Name of Child

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 23, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Groat Steel
 (9) PRESENT POSTOFFICE OF FATHER Effingham S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Trimmer
 (20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Mary Steel
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE O.C.
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Laura Steel at 11:30 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Steel
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 3, 1916 (28) A. C. Hill 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.