

(1) PLACE OF BIRTH

County of Rock
 Township of Rock Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 20482

In Town of Rock Hill Registration District No. 44 Registered No. 113
 (For use of Local Registrar)
 City of Rock Hill (No. Locust St.; Ward)
 If child is born in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Isaac P. Steele If child is not yet named, make supplemental report as directed

(4) Twin No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2 1922
 To be answered only in event of twins or triplets (Time of Month) (Day) (Year)

FATHER.
 NAME William Steele
 PRESENT RESIDENCE Rock Hill, S.C.
 COLOR Colored (11) AGE AT LAST BIRTHDAY 43 (Years)
 BIRTHPLACE Rock County
 OCCUPATION Brick Mason
 Number of children born to mother including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Maria White
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Rock Hill, S.C.
 (19) OCCUPATION House Keeper
 (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 Alive at 1:55 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. A. Macon (25) Address of Physician or Midwife Rock Hill, S.C.

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 7/10/22 (28) J. M. M. 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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FIRST-BORN, No. 1, THIS FORM, No. 2, etc., in question 5.

Only

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M.
P.M.)

1.0.
wife

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