

Form No. 1.

(1) PLACE OF BIRTH
 County of *York*
 Township of *York*
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of county and township.)

REGISTRATION DISTRICT NO. *4401*

50777

(2) Full Name of Child *Louise Steele*

(3) SEX OR SEXES *Girl* (4) Twin *No* (5) Number of Children *1st* (6) Age *14* (7) Date of Birth *1922*

(8) FULL NAME *Muller Johnson Steele* (9) PRESENT POSTOFFICE OF FATHER *P.O. 5 Rock Hill*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (12) BIRTHPLACE *York Co.*

(13) OCCUPATION *Farmer*

(14) MARRIAGE NUMBER *1st* (15) PRESENT RESIDENCE OF MOTHER *York Co.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (18) BIRTHPLACE *York Co.*

(19) OCCUPATION *Housewife*

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

(21) I hereby certify that I attended the birth of this child on this date above stated. *L. J. Steele*

(22) Signature of Physician *L. J. Steele* (23) Address of Physician *Rock Hill, S.C.*

MARGIN RESERVED FOR BINDING. MARRIAGE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN ALL CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE WITNESS-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

Name of Child

Given name of child in complete form

(24) Witness *L. J. Steele*

(25) Date *2/27/22*