

MARGIN RESISTED FOR BINDING.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>North</u> 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.)		(2) FULL NAME OF CHILD <u>Louise Steele</u>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>50777</b> </div>	
(3) BORN OR <u>Child</u> 		(4) Twin <u>Yes</u> 		(5) AM- <u>Yes</u> 	
(6) FATHER <u>Yurb</u> 		(7) MOTHER <u>Steele</u> 		(8) DATE OF BIRTH <u>192</u> 	
(9) FULL NAME <u>Mullard Johnson Steele</u> 		(10) PRESENT POSTOFFICE OF FATHER <u>Rt. 2 Rock Hill S.C.</u> 		(11) COLOR OR RACE <u>White</u> 	
(12) BIRTHPLACE <u>Yurb Co.</u> 		(13) OCCUPATION <u>Farmer</u> 		(14) DATE BEFORE MARRIAGE <u>North Carolina</u> 	
(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD <u>4</u> 		(16) COLOR OR RACE <u>White</u> 		(17) AGE AND DATE OF MARRIAGE <u>31</u> 	
(18) I hereby certify that I attended the birth of this child on the date above stated. <u>Yes</u> 		(19) SIGNATURE OF PHYSICIAN <u>Dr. H. H. Hill</u> 		(20) ADDRESS OF PHYSICIAN <u>Rock Hill S.C.</u> 	
(21) WITNESS <u>L. H. Hill</u> 		(22) SIGNATURE OF WITNESS <u>L. H. Hill</u> 		(23) ADDRESS OF WITNESS <u>Rock Hill S.C.</u> 	