

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. .... St. .... Ward)

(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

27805

Registration District No. 1302

Registered No. 47  
(For use of Local Registrar)(2) Full Name of Child Louise Marie Stecky

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

3 SEX—  
GIRL4 Twin  
or Triplet

To be answered only in event of Twin or Triplet

5 Number in  
order of birth6 Are  
Parents  
Married

7 DATE OF

BIRTH July 22, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL  
NAME9 PRESENT  
POSTOFFICE  
OF FATHER10 COLOR  
OR  
RACE11 AGE AT LAST  
BIRTHDAY

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to  
mother, including present birth

## MOTHER.

15 NAME BEFORE  
MARRIAGE16 PRESENT  
POSTOFFICE  
OF MOTHER17 COLOR  
OR  
RACE18 AGE AT LAST  
BIRTHDAY

19 BIRTHPLACE

20 OCCUPATION

21 Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

1923

(28)

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return  
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