

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of Saxtonville
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16789

Registration District No. 4008Registered No. 111
(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Steuson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5-1-1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Gas Steuson

(9) PRESENT POSTOFFICE OF FATHER

Saxtonville, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Illinois

(13) OCCUPATION

Mill Operator

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruby Mason

(15) PRESENT POSTOFFICE OF MOTHER

Saxtonville

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

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

one (dead)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

James Steuson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15, 1922

(28)

C. F. Barker
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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