

(1) PLACE OF BIRTH

County of MarshallTownship of WPost Town or MarshallvilleCity of

(If birth occurs in a hospital or other institution, indicate the name of hospital)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

DEPARTMENT OF VITAL STATISTICS

STATE BOARD OF HEALTH

Registration Number 772

Form No. For State Register Only

Registered No. 772St. Ward)

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

DATE OF

BIRTH

(Name of Month, Year, Week)

MOTHER

(2) Full Name of Child Kurt L. Steiner(1) DAY OF
BIRTH(2) TIME
OF BIRTH(3) NUMBER OF
LIVE BIRTHS

(4) GENDER

Male

Female

Unknown

(5) RACE

White

Black

Other

(6) FULL
NAME

MATERIAL

(7) PRESENT
ADDRESS
OF FATHERMarshallville(8) COLOR
OR
RACE(9) AGE
AT
LAST
BIRTHDAY

(10) BIRTHPLACE

Marshallville

(11) OCCUPATION

Student(12) Number of children born to
mother, including present birth(13) NAME BEFORE
MARRIAGEKaren Marie(14) PRESENT
ADDRESS
OF MOTHERMarshallville(15) COLOR
OR
RACE(16) AGE AT LAST
BIRTHDAY

(17) BIRTHPLACE

Marshallville(18) Number of children born to
mother, including present birth(19) I hereby certify that I attended the birth of this child, who was born at 10:30 P.M.
on the date above stated.

(20) (Signature)

(21) State where Physician or Midwife

(22) Address of Physician or Midwife

I have examined this certificate
and find it to be true.

(23) (Signature)

(Signature of Witness necessary only
when question 23 is signed by mark)JULY 28 1971 JAN 27 1972 Date

Local Registrar

On the father, householder, etc., should make this return.
If the father, householder, etc., is deceased or if the birth is
noted as stillborn, No report is desired of stillbirths
or deaths of pregnancy.(24) Other officials over whom this certificate is to be sent, etc., should make this return.
If the father, householder, etc., is deceased or if the birth is
noted as stillborn, No report is desired of stillbirths
or deaths of pregnancy.