

## (1) PLACE OF BIRTH

County of Lancaster  
Township of Hollers Creek

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43530

Inc. Town of ..... Registration District No. 3198 Registered No. 28  
(For use of Local Registrar)City of ..... (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 ..... { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 16 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James H. Steel(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. 129(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1-5-6

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Steel(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 129(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1-5-6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Greenville, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Steel (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed Jan 11 1927 (28) J. H. Steel 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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