

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25105

Registration District No. 9ARegistered No. 1165
(For use of Local Registrar)

(No. 1375 Philip 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 Heleen Marie Stelling (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 10, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Henry Stelling
 9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 12) BIRTHPLACE Charleston S.C.
 13) OCCUPATION Travelling Sales
 20) Number of children born to mother, including present birth One

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Gray Johns
 15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 18) BIRTHPLACE Charleston S.C.
 19) OCCUPATION Wife
 21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriet Mitchell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 84 West 10th St.

Given name added from a supplemental report

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

(27) Filed 8/17, 1922 J. H. H. H. H. 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.

LOCAL REGISTRAR