

MACAW OF COLUMBIA, COLUMBIA, S. C.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Saluda  
 Township of # 3  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**32047**

Registration District No. 3902 Registered No. 46  
 (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 Mary Steadman

(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 Sept 18 1922  
 (If child is not yet named, make supplemental report as directed)  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME A. S. Steadman  
 (9) PRESENT POSTOFFICE OF FATHER Saluda S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE Saluda S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Elna Thrallkile  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Newberry S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated.  
 (23) (Signature) Mary Mone  
 (24) State whether Physician or Midwife (Born alive or stillborn) Yes (Hour A. M. or P. M.)

Given name added from a supplemental report

(25) Address of Physician or Midwife Saluda S.C. R.R.

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 2 1922 (28) J. P. Johnson  
 Registrar 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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