

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacolet
 or
 Inc. Town of

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

No. 10.—For State Registrar Only

37707

Registration District No. 4006 Registered No. 149
 (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 Loise Steier If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Town Married yes (5) DATE OF BIRTH 11-21-23
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME <u>Geo. Steier</u>	(10) NAME BEFORE MARRIAGE <u>Mary Shipley</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Pacolet R. 1.</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Pacolet R. 1.</u>
(13) COLOR OR RACE <u>Col.</u>	(14) AGE AT LAST BIRTHDAY <u>23</u>	(15) COLOR OR RACE <u>Col.</u>	(16) AGE AT LAST BIRTHDAY <u>31</u>
(17) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Housewife</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Stillborn or stillborn Hour M. or P. M.)

(24) (Signature) N. L. Kurbatnick (25) Address of Physician or Midwife M. D. Pacolet S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 19 23 (28) M. W. Brown 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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