

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
N. B.—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 3.

| (1) PLACE OF BIRTH  |                                | CERTIFICATE OF BIRTH  |  | File No.—For State Registrar Only   |  |
|---|--------------------------------|---|--|-------------------------------------|--|
| County of <u>Bamberg</u>  |                                | STATE OF SOUTH CAROLINA   |  | 33163                               |  |
| Township of <u>Medbury</u>  |                                | Bureau of Vital Statistics                                      |  |                                     |  |
| or  |                                | State Board of Health   |  |                                     |  |
| Inc. Town of .....  |                                | Registration District No. <u>H18</u>                            |  | Registered No. <u>37</u>            |  |
| or  |                                |   |  | (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 <u>Juliana Lewis Steedly</u>   |                                | If child is not yet named, make supplemental report as directed |  |                                     |  |
| (3) BOY OR GIRL <u>Girl</u>   | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1st</u>                         | (6) Are Parents Married? <u>Yes</u>  | (7) DATE OF BIRTH <u>Sept 17 22</u> |  |
| To be answered only in case of Twins or Triplets  |                                |   |  |                                     |  |
| FATHER.   |                                |   | MOTHER.  |                                     |  |
| (8) FULL NAME <u>George B. Steedly</u>  |                                |   | (14) NAME BEFORE MARRIAGE <u>Martha Bellinger Wooley</u>                             |                                     |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Bamberg, S.C.</u>   |                                |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg, S.C.</u>                               |                                     |  |
| (10) COLOR OR RACE <u>white</u>   |                                |   | (16) COLOR OR RACE <u>white</u>  |                                     |  |
| (11) AGE AT LAST BIRTHDAY <u>30</u> (Years)   |                                |   | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)  |                                     |  |
| (12) BIRTHPLACE <u>Bamberg Co., S.C.</u>  |                                |   | (18) BIRTHPLACE <u>Bamberg Co., S.C.</u>   |                                     |  |
| (13) OCCUPATION <u>Farmer</u>   |                                |   | (19) OCCUPATION <u>domestic</u>  |                                     |  |
| (20) Number of children born to mother, including present birth <u>12</u>   |                                |   | (21) Number of children of this mother now living, including present birth <u>12</u> |                                     |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                                |   |  |                                     |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6:30</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |                                |   |  |                                     |  |
| (23) (Signature) <u>H. J. Tucker</u>  |                                |   |  |                                     |  |
| (24) State whether Physician or Midwife <u>Midwife</u>  |                                |   |  |                                     |  |
| (25) Address of Physician or Midwife <u>Bamberg, S.C.</u>   |                                |   |  |                                     |  |
| Given name added from a supplemental report   |                                |   | (26) Witness <u>Herbert Falk</u>   |                                     |  |
|   |                                |   | (Signature of Witness necessary only when question 23 is signed by mark)             |                                     |  |
| 19 <u>22</u> Registrar  |                                |   | (27) Filed <u>11/12</u> 19 <u>22</u> 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.