

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 5.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Aligator
 or
 Inc. Town of

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

Registration District No. 1700 Registered No. 71
 (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.)

File No.—For State Registrar Only
76332

(2) Full Name of Child Steen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 18, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Steen

(9) PRESENT POSTOFFICE OF FATHER McBee, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Charleston Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Sainey

(15) PRESENT POSTOFFICE OF MOTHER McBee, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Charleston Co

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9.9 P.M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. No. 1000

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 1, 1916 (28) J. M. Beeth 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.