

(1) PLACE OF BIRTH

County of Christiansburg
 Township of Mt. Croghan
 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

41690

Registration District No. 1205 Registered No. 100
 (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

John C. Steen { 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 Dec 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John C. Steen

(9) PRESENT POSTOFFICE OF FATHER Mt. Croghan S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Bessie Steen

(15) PRESENT POSTOFFICE OF MOTHER Mt. Croghan S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.