

(1) PLACE OF BIRTH

County of York

Township of

or Inc. Town of Lock Heel

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12430

Registration District No. 440 Registered No. 61

(For use of Local Registrar)

(No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mrs. Steel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

to be answered only in event of twin or triplet

(6) Are Parents Married? yes(7) DATE OF BIRTH March 1 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. F. Steel(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bella J. Winn(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male at 2 11 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) James M. [illegible](23) State whether Physician or Midwife (24) Address of Physician or Midwife Rock Heel, S.C.

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed 2/8 1923

(27)

J. R. Muller 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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