

(1) PLACE OF BIRTH

County of LANCASTER

Township of

Inc. Town of LANCASTER

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 28a

File No. - For State Registrar Only

4325

Registered No. 6
(For use of Local Registrar)(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 Martine C. Steele

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>none</u>	5) Number in order of birth <u>1st</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>February 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME W. Lee Steele

9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)

12) BIRTHPLACE Union County N.C.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Mac Lowmy

15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.

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

18) BIRTHPLACE Lancaster S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Hour M. or P. M.)(23) (Signature) J. P. Farnsworth

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife Lancaster S.C.

Given name added from a supplemental report

Jamie Sainer
June 15, 1923

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

(27) Filed 3-1-23 Local Regl

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.