

WHEN-NECESSARY, 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 Florence
Township of Camus
or
Inc. Town of
or

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

File No. For State Registrar Only
85557

Registration District No. 2001 Registered No. 130
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution give name of same instead of street and number) St. Ward

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 21</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER
(8) FULL NAME Mr. Steele
(9) PRESENT POSTOFFICE OF FATHER Hyman R403C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Stormee Co SC
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Russie Cooper
(15) PRESENT POSTOFFICE OF MOTHER Hyman R403C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Stormee Co SC
(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth { 7
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. M. Graham

(24) State whether Physician or midwife (25) Address of Physician or Midwife Namphics St

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) Date Dec 1 1916 (28) E. L. Montgomery 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 fourth month of pregnancy.

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