

Form No 1.

(1) PLACE OF BIRTH  
 County of York  
 Township of 1st  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution give name of same instead of street and number)

REGISTRATION OF BIRTH  
 BUREAU OF VITAL STATISTICS  
 State Board of Health

REGISTRATION DISTRICT NO. 4401 REGISTERED NO. 1443  
 (Date of birth of child registered)

(2) Full Name of Child Bertie Estelle Steele If child is not yet named, make appropriate record as directed

(3) BOY OR GIRL Girl (4) Twin Second (5) Age 1 (6) Date of Birth Feb. 2, 1912  
 (Name of Month, Day, Year)

FATHER

(8) FULL NAME Murford J. Steele (9) PRESENT POSTOFFICE OF FATHER R. F. D. 5, Oak Hill

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE York Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth. 4

MOTHER

(14) NAME BEFORE MARRIAGE Martha Warlick (15) PRESENT POSTOFFICE OF MOTHER York Co.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE York Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child born alive at 3:12 P.M. on the date above stated.

(23) (Signature) L. H. Hill (24) Address of Physician or Midwife Oak Hill, W. Va.

(25) Witness (Signature of Witness, necessary only when question 22 is answered by mother)

(26) Date 7/12/12 and S. H. Hill

(27) (Signature) S. H. Hill

MARGIN RESERVED FOR BINDING.

WHEN PLACING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 6.

State of Columbia