

WRITE PLAINLY, 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.

McCaw of Columbia.

(1) PLACE OF BIRTH

County of

Greenwood

Township of

*Greenwood*or
Inc. Town ofor
City of*Greenwood*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77359

Registration District No.

730

Registered No.

79

(For use of Local Registrar)

(2) Full Name of Child

Sarah Louise Steadman

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i>	(5) Number in order of birth <i>630</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 8 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>L. E. Steadman</i>	(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(9) PRESENT POSTOFFICE OF FATHER <i>Greenwood S.C.</i>	(12) BIRTHPLACE <i>Bamberg Co. S. C.</i>	(13) OCCUPATION <i>Minister (Methodist)</i>
(20) Number of children born to mother, including present birth <i>2</i>		

MOTHER.

(14) NAME BEFORE MARRIAGE <i>Fannie Klenbach</i>	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <i>Greenwood S.C.</i>	(18) BIRTHPLACE <i>Saluda Co. S. C.</i>	(19) OCCUPATION <i>Home Keeper</i>
(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *2 p.m.* at *4* P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *R. B. Steadman*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife*Physician Greenwood S.C.*

Given name added from a supplemental report

....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filled <i>9/11</i> 191.....	(28) <i>M. A. Williams</i> Local Registrar.
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*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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