

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.

McCav. of Columbia.

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(1) PLACE OF BIRTH  
 County of Greenwood STATE OF SOUTH CAROLINA.  
 Township of Greenwood Bureau of Vital Statistics  
 State Board of Health

File No. —For State Registrar Only  
**77359**

Inc. Town of ..... Registration District No. 730 Registered No. 79  
 or  
 City of Greenwood (No. 630 Cambridge 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 Sarah Louise Steadman If child is not yet named, make supplemental report as directed

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

## FATHER.

(8) FULL NAME J. E. Steadman

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Bamberg Co. S. C.

(13) OCCUPATION Member Methodist

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Hebrock

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Saluda Co. S. C.

(19) OCCUPATION Home Keeper

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Sept. 8, at 4 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. 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

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

(27) Filled 9/11 1916 (28) M. A. Williams 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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