

## (1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

or  
Loc. Town of .....City of Charleston S.C.(No. Mercy Maternity Hospital Ward)

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

(2) Full Name of Child John Henry Steinkere If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 7, 1925  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Gerhard Steinkere(9) PRESENT POSTOFFICE OF FATHER 96 America St. City.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Policeman(20) Number of children born to mother, including present birth 1 Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Theodore Steltges(15) PRESENT POSTOFFICE OF MOTHER 96 America St. City.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1 Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was G. A. L. at 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) G. A. L. (24) State whether Physician or Midwife (25) Address of Physic or Midwife 277 Columbia

Given name added from a supplemental report

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

(27) Filed 6/27/25 (28) J. Messers 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.

FIFTH MONTH OF PREGNANCY.

Registrar.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
17823

9 A

792

Registration District No. .... Registered No. ....  
(For use of Local Registrar)