

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland

Township of Columbia

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10444

Registration District No. 382

Registered No. 102

(For use of Local Registrar)

(No. Abbeville St., Ward)

(2) Full Name of Child

Mattie Steele

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? +

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 20

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rolph Steele

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

26

(Year)

(12) BIRTHPLACE

Richland

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie White

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

25

(Year)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Greenhand

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

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated.

(23) (Signature)

Marion Meyer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/16 1922

(28) 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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