

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43480

(1) PLACE OF BIRTH

County of Lexington
Township of Black Creek
or
Inc. Town of.....
or
City of.....

Registration District No. 310.0 Registered No. 30
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>19...</u>
FATHER		MOTHER		
(8) FULL NAME <u>Artis Steadman</u>		(14) NAME BEFORE MARRIAGE <u>Pearl Steadman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Stedman</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Stedman</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>LL</u>		(18) BIRTHPLACE <u>LL</u>		
(13) OCCUPATION <u>Thermes</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Pickles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

House wife Stedman St

Given name added from a supplemental report

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

(27) Date Dec. 10 1922 (28) G. C. Gault 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATIONER REQUESTED FOR BIRTH RECORDS. (1) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (2) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (3) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (4) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (5) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (6) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (7) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (8) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. (9) IN CASE OF BIRTH RECORDS, THE BIRTH RECORDS ARE THE PROPERTY OF THE STATE OF SOUTH CAROLINA. 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