

WRITE PLAINLY. WRITE UNFADING INK—THERE IS A PERMANENT RECORD.  
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.

## (1) PLACE OF BIRTH

County of CherokeeTownship of McGowan

or

Inc. Town of .....

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1004

File No.—For this year

41517Registered Yes  
(For use of Local Health Officer)(2) Full Name of Child Miller Stekborn

If child is not yet 1 year old, attach supplemental report

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Marshall Stekborn

(9) PRESENT POSTOFFICE OF FATHER

Gaffney

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

19  
(Years)

(12) BIRTHPLACE

Cherokee

(13) OCCUPATION

Farming

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lulla May Little

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Cherokee

(19) OCCUPATION

Farming

(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.....  
on the date above stated. (Born alive or stillborn) Yes(23) (Signature) Armenta Beard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec. 29, 1922

(28) Signature of Registrar

\*When there was no attending physician or midwife, the father, householder, etc., may sign.  
If a child breathes even once, it must be reported as stillborn. No report is required if the child is stillborn before the last month of pregnancy.