

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH

County of Summerson

Township of .....

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.)

(2) Full Name of Child Cary Steele

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

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

File No.—For State Registrar Only  
**23058**

Registration District No. 3109 Registered No. 52  
(For use of Local Registrar)

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 52 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 18 19 22  
(Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME James R. Steele

9) PRESENT POSTOFFICE OF FATHER Summerson S.C.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 52 Years

12) BIRTHPLACE La. Co.

13) OCCUPATION Merchant

20) Number of children born to mother, including present birth 5

**MOTHER.**

14) NAME BEFORE MARRIAGE Urvie Mathis

15) PRESENT POSTOFFICE OF MOTHER Summerson

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 38 Years

18) BIRTHPLACE La. Co.

19) OCCUPATION Domestic

21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Is. J. Roberts  
(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Summerson S.C.

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed Aug 10 19 22 (28) Mrs. C. E. Taylor 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.