

Form No 1.

## (1) PLACE OF BIRTH

County of York  
Township of Hebeneror  
Inc. Town of .....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

45053

Registered No. 93  
(For use of Local Registrar)(2) Full Name of Child Ola May Steele

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

(3) BOY OR  
GIRL? Girl(4) Twin  
or triplet?(5) Number in  
order of birth

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married? Y(7) DATE OF  
BIRTH Dec 30  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEMath Steele(9) PRESENT  
POSTOFFICE  
OF FATHERRock Hill R70(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 45  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer(14) Number of children born to  
mother, including present birth8

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMath Steele(15) PRESENT  
POSTOFFICE  
OF MOTHERRock Hill R70(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 35  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Laborer(21) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
(Born alive or Stillborn) (Month, A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary M. Mable

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

Given name added from a supplement-  
tal report(26) Witness Ind Clark(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed 1/17(28) Ind Clark(29) Ind Clark(30) Ind Clark(31) Ind Clark(32) Ind Clark(33) Ind Clark(34) Ind Clark(35) Ind Clark(36) Ind Clark(37) Ind Clark(38) Ind Clark(39) Ind Clark(40) Ind Clark

\*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 stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WHITE 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.

Cav. of Columbia