

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of St. Georgeor  
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 J. C. Maze

File No. — For State Registrar Only

B5762

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No 8410 Registered No. 1003  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30, 1922</u> (Name / Month / Day) (Year)
-----------------------------	--------------------------------	---------------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME John Maze(9) PRESENT POSTOFFICE OF FATHER Prichard SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Newberry SC(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Geneva Wise(15) PRESENT POSTOFFICE OF MOTHER Prichard SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Newberry SC(19) OCCUPATION Housewife(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 born at 9 A.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) Paice Cannon(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prichard SC

Given name added from a supplemental report

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

(27) Date Oct 10, 1922 (28) M. T. Gibson 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.