

Form No 1.

## (1) PLACE OF BIRTH

County of CalhounTownship of Amoy

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 George Zeigler Jr.

(a) BOY OR GIRL? Boy (b) Twin or Triplet? X (c) Number in order of birth 1 (d) Are Parents Married? Yes (e) DATE OF BIRTH Feb. 19, 1912

(6) FULL NAME <u>George Zeigler</u>		(14) NAME BEFORE MARRIAGE <u>Marie Snell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>2 6</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>2 3</u> (Years)
(12) BIRTHPLACE <u>Calhoun Co</u>		(18) BIRTHPLACE <u>Calhoun Co</u>	
(13) OCCUPATION <u>Sam Har</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Cameron, SC on the date above stated.(23) (Signature) X (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, SC

Given under my hand and seal of office this 3rd day of Feb 1912.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Mrs. Snell

(27) Signed by 3 (28) W. J. Snell

When there was no attending physician or midwife then the father, householder, etc., should make the return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS 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.

Office of Columbia