

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Williston  
 Inc. Town of Norway  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

37214 X

Registration District No. 3617Registered No. ....  
(For use of Local Registrar)

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

(2) Full Name of Child Henrietta Bizzell

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

(3) Female (4) Twins (5) Number in order of birth 8 (6) 94 (7) DATE OF BIRTH 10 5 23  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Z. Deloach Bizzell(9) PRESENT RESIDENCE OF FATHER Norway(10) COLOR White (11) AGE 39(12) OCCUPATION Farmer(13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 8

## MOTHER

(14) NAME BEFORE MARRIAGE Vera Jean Gamble(15) PRESENT RESIDENCE OF MOTHER Norway(16) COLOR White (17) AGE 34(18) OCCUPATION Housewife(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 7

## 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) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Accomack St.

Given name added from a supplemental report

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

(27) Filed ..... (28) 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.

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