

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of

City of Spartanburg

(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

5187

Registration District No. 40-2 Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child Curtis Zigler

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 7th 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Zigler(9) PRESENT POSTOFFICE OF FATHER Abbeville(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 15 (Years)(12) BIRTHPLACE Abbeville(13) OCCUPATION Labors(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Ernestine Reid(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION House Cleaning(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charity Williams

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3-1-23 (28) Joe Cooper Local Registrar(29) Filed 3-1-23