

(1) PLACE OF BIRTH

County of YorkTownship of Old Storeor
Inc. Town of.....or
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 HealthRegistration District No. 1206(No. Rezziah

File No. — For State Registrar Only

14327

Registered No. 54
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Rezziah

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Mar 8 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Rezziah

(9) PRESENT POSTOFFICE OF FATHER

Laurel S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Essie Rodman

(15) PRESENT POSTOFFICE OF MOTHER

Laurel S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House-keeping

(20) Number of children born to mother, including present birth

2

(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 alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mark)

(27) Filed

5/141922

(28)

W. F. Kump
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.