

MARGIN RESERVED FOR BINDING.

WHITE 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.

(1) PLACE OF BIRTH
 County of Richland.....
 Township of
 OR
 Inc. Town of
 OR
 City of Columbia.....
 (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

Registration District No. 389 Registered No. 35
 (For use of Local Registrar)

(No. 2402 Wann St. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Grace Mildred Zimmerman

(3) BOY OR GIRL? Girl **(4) Twin or Triplet?** No **(5) Number in order of birth** 1
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes **(7) DATE OF BIRTH** March 18 1922
 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Herbert Zimmerman
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White **(11) AGE AT LAST BIRTHDAY** 29 (Years)
(12) BIRTHPLACE Pendleton S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four (4)

MOTHER.
(14) NAME BEFORE MARRIAGE Alma Zimmerman
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 29 (Years)
(18) BIRTHPLACE Richland Co.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 9³⁰ P. M. **on the date above stated.** (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Grace Mildred Zimmerman
(24) State whether Physician or Midwife Midwife **(25) Address of Physician or Midwife** Richland Co.

Given name added from a supplemental report **(26) Witness** (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 3-22-22 **(28) Local Registrar** [Signature]

*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.

State of Columbia, Columbia, S. C.