

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
 .. 24996

Registration District No. 502 Registered No. 90
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Manie Zeigler (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl 4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20, 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Walter Zeigler
 9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Years)
 12) BIRTHPLACE Calhoun Co
 13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Malissa Watson
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife

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

(23) (Signature) X Rosa H. Zeigler
 (24) State whether (Physician or Midwife) Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

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

(27) Filed Aug 22, 1922 (28) W. F. Keller
 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.