

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of York  
Township of Bethel  
or  
Inc. Town of.....  
or  
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 4400

FI

22 050078

Only

Registered No. 21  
(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 Lizzie Mae Setzer

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

3. Sex or Girl Girl If Plural Births 1 4. Twin, triplet or other 1 5. Number, in order of birth 1 6. Premature 1 Full term 1 7. Are Parents Married? No 8. Date of birth May 11, 1922 (Month, day, year)

9. Full name FATHER 18. Name before marriage MOTHER Andell Setzer

10. Residence (mailing address) (If non-resident, give place and State) R. 2, Leavelle, S. C. 19. Residence (mailing address) (If non-resident, give place and State) Leavelle, S. C.

11. Color or race Wool 12. Age at child's birthday 17 (years) 20. Color or race Wool 21. Age at child's birthday 17 (years)

13. Birthplace (city or place) (State or country) Stetley, N. C. 22. Birthplace (city or place) (State or country) Stetley, N. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farming

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive & A. M. at ..... on the date above stated, (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at ..... m. on above date. (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Kattie Reid, M. D.

or Kattie Reid, Midwife

Given name added from a supplementary report..... (Date of)

Address Claver, S. C. Rt. 2

Filed May 20, 1923 Debord Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate.)

10/27/22  
76

Not Reg.  
20-2-22