

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.)

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

## Standard Certificate of Birth

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

1. PLACE OF BIRTH  
County of York  
Township of Bethel  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_ (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 { 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 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) \_\_\_\_\_ 19. Residence (mailing address) (If non-resident, give place and State) P. O. 6, Dover, N. C.

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

13. Birthplace (city or place) (State or country) \_\_\_\_\_ 22. Birthplace (city or place) (State or country) Stellay, N. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 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 \_\_\_\_\_ 19 \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19 \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

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 \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ m. 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.

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.  
or Kattie Reid \_\_\_\_\_ Midwife  
Address Clader S. F. B. 3  
Filed May 26, 1923 DeFord Local Registrar

State Registrar