

(1) PLACE OF BIRTH

County of Bamberg
Township of 2 Mile
or
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 Health

File No.—For State Registrar Only
3150

Registration District No. 404 Registered No. 8
(For use of Local Registrar)

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

(2) Full Name of Child.....

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 7 1922
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jasper Ziegler
(9) PRESENT POSTOFFICE OF FATHER Edwards St.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)
(12) BIRTHPLACE Bamberg Co. S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Oyner
(15) PRESENT POSTOFFICE OF MOTHER Edwards St.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44
(Year)
(18) BIRTHPLACE Fleming Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Copeland M.D.
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Edwards St.

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 12 1922 (28) H. N. Howard 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.

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RECEIVED BY THE REGISTRAR...
IN WITNESS WHEREOF...
STATE OF SOUTH CAROLINA, Columbia, S.C.