

(1) PLACE OF BIRTH

County of Orange
Township of Center
or
Inc. Town of
or
City of (No. St. Ward)

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

File No. - For State Registrar Only
8589

Registration District No. 8501

Registered No. 35
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence E. Mize

(9) PRESENT POSTOFFICE OF FATHER

Westminster, S.C. Rt. 3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY
30
(Year)

(12) BIRTHPLACE

Orange

(13) OCCUPATION

Farmer

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

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Mae Brock

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY
28
(Year)

(18) BIRTHPLACE

Orange

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (at 24.5 hrs. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. T. Simpson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Westminster, S.C.

Given name added from a supplemental report

(20) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

March 15 1922

(28) Local Registrar

J. P. Martin

*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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Form No. 1 - In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD. SEE INSTRUCTIONS ON REVERSE SIDE.
RECAP OF COLUMBIA, COLUMBIA, S. C. 1922