Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of Elloree

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
4813

Registration District No. 3605 Registered No. 7

(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 Zyah W Odal Fogle (If child is not yet named, make supplemental report as directed)

(3) SEX: Male

(4) Twin or Triplet: No

(5) Number in order of birth: 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Feb 18 (Name of Month) (Day) 1923 (Year)

FATHER

(8) FULL NAME: Neck Johnston

(9) PRESENT POSTOFFICE OF FATHER: Cope S.C.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Cope SC

(13) OCCUPATION: Public Road Hand

(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE: Rebecca Evans

(15) PRESENT POSTOFFICE OF MOTHER: Elloree SC R2

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Orbg. Co. SC

(19) OCCUPATION: Farm Hand

(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 Male born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna V Fogle

(24) State whether Physician or Midwife: Husband

(25) Address of Physician or Midwife: Elloree SC R2

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness Andrew J Edwards (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 27 1923 (28) A Fogle 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.

WRITE PLAINLY. WITH INK OR INDELIBLE PENCIL. DO NOT ERASE OR USE LIQUID CORRECTING FLUID. 2. If twins or triplets use a separate blank for each child and mark the first-born, No. 1; the other, No. 2, etc., in question 4.