

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Marion

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

14468

Registration District No. 1409Registered No. 126

(For use of Local Registrar)

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 Alice Bayzel (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 21 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Bayzel(9) PRESENT POSTOFFICE OF FATHER Walterboro R.F.D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION mill laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Bayzel(15) PRESENT POSTOFFICE OF MOTHER Walterboro R.F.D.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(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 8:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Holmes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Walterboro S. C.

Given name added from a supplemental report

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

(27) Filed June 10 1922 (28) R. M. H. H. H. 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.