

## (1) PLACE OF BIRTH

County of Flarenee  
 Township of Camus  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. for State Registrar Only  
**3836**

Registration District No. 2001 Registered No. 21  
 (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

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 17 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Zebb Easley</u>			(14) NAME BEFORE MARRIAGE <u>Lundy Zura Haiden</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Seranton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seranton S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
(12) BIRTHPLACE <u>NC.</u>			(18) BIRTHPLACE <u>NC.</u>	
(13) OCCUPATION <u>Saw Mill Operator</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. P. Osborn

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife  
Sam, W. S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 20 1923

(28) 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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