

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Calhoun
Township of Sixons
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

80464

Registration District No. 802 Registered No. 160
(For use of Local Registrar)

(2) Full Name of Child Nelson Zeigler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 30, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Whiley Zeigler
(9) PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 65
(Years)
(12) BIRTHPLACE Calhoun Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Hattie Robinson
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE Calhoun Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Rachel Haynes
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews, S.C.

Given name added from a supplemental report
(26) Witness Mrs. Keller
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov. 3, 1916 (28) W. S. Keller
Registrar 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.