

THIS IS A PERMANENT RECORD
 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 Charleston
 Township of Summerville
 or
 Inc. Town of Corry
 or
 City of Summerville

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

File No.—For State Registrar Only
18030

Registration District No. 1-1-3 Registered No. 78
 (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 William Edmund Zulmer 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH 6-22-1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME John C. Zulmer
 9 PRESENT POSTOFFICE OF FATHER Salisbury S.C.
 10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 12 BIRTHPLACE Lexington Co. - S.C.
 13 OCCUPATION Electrician
 20 Number of children born to mother, including present birth 3

MOTHER.

14 NAME BEFORE MARRIAGE Mrs. Leta Cash
 15 PRESENT POSTOFFICE OF MOTHER Salisbury S.C.
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 22 (Years)
 18 BIRTHPLACE Gaffney S.C.
 19 OCCUPATION Domestic
 21 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 M., on the date above stated. (Born alive or stillborn) (Hour ~~1:00~~ or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) H. A. Britchard 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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