

Form No 1.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 8.

State of Columbia.

(1) PLACE OF BIRTH

County of *Abbeville*

Township of *Calhoun*

or  
Inc. Town of *Abbeville*

or  
City of *Abbeville*

(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

50862

Registration District No. .... Registered No. *102*

(For use of Local Registrar)

(2) Full Name of Child. *Joseph Zacheris*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *No*

(7) DATE OF BIRTH *March, 20*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jamie Zacheris*

(9) PRESENT POSTOFFICE OF FATHER *Abbeville, S.C.*

(10) COLOR OR RACE *Black*

(11) AGE AT LAST BIRTHDAY *20*

(Years)

(12) BIRTHPLACE *Abbeville, S.C.*

(13) OCCUPATION *Farming*

(14) Number of children born to mother, including present birth *one*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Zacheris*

(15) PRESENT POSTOFFICE OF MOTHER *Abbeville, S.C.*

(16) COLOR OR RACE *Black*

(17) AGE AT LAST BIRTHDAY *17*

(Years)

(18) BIRTHPLACE *Abbeville*

(19) OCCUPATION *Farming*

(20) Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *6 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. L. Zacheris*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Abbeville, S.C. # 3*

Given name added from a supplemental report

(26) Witness *mother and sister*

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

(27) Filed *3-29-1916*

(28) *James Zacheris*

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.