

(1) PLACE OF BIRTH

County of Charleston

Township of

In Town of

City of Charleston S.C.

(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 Register Only

3150

9 A

Registration District No.

Registered No.

225

(2) Full Name of Child

Mazyck

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

(1) SEX OR SEX? <u>girl</u>	(2) Twin or Triplet? <u>X</u>	(3) Number in order of birth <u>X</u>	(4) Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Feb. 24 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(6) FULL NAME <u>William Garlond Mazyck</u>		(7) NAME BEFORE MARRIAGE <u>Alberta Wright</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>54 Montague St Charleston S.C.</u>		(9) PRESENT POSTOFFICE OF MOTHER <u>54 Montague St Charleston S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(14) BIRTHPLACE <u>Memphis Tenn.</u>
(15) OCCUPATION <u>Hardware Businessman</u>		(16) OCCUPATION <u>None</u>		
(17) Number of children born to mother, including present birth <u>2</u>		(18) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 3:10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. H. Pace M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
CityGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 2/28/23

(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.