

Form No. 1

## (1) PLACE OF BIRTH

County of AsheTownship of Midale

OR

Inc. Town of .....

OR

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8144

Registration District No. ....

Registered No. 12  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Emma Zimmerman child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 28 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Zimmerman(9) PRESENT POSTOFFICE OF FATHER Cameron SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Greenville SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Ziegler(15) PRESENT POSTOFFICE OF MOTHER Cameron SC(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Ashe or SC(19) OCCUPATION Wife of a farmer(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Shuler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cameron SC

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 11 1923(28) El H. H. H. 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.