

## (1) PLACE OF BIRTH

County of Malheur  
 Township of Bennettsville  
 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

43713

Registration District No. 3301 Registered No. 179  
 (For use of Local Registrar)

City of ..... (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 Carnest Bell Zimmerman If 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? No (7) DATE OF BIRTH Dec. 16, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carnest David  
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Malheur Co. S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Zimmerman  
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Malheur Co. S.C.  
 (19) OCCUPATION House

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elia Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 19, 1922 (28) Mrs. J. W. Tate 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.