

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17718

County of York

Township of Bethesda

or
Inc. Town of

Registration District No. 4401

Registered No. 125
(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 Leo Zimmerman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin Yes (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 8 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER: Not Known
(8) FULL NAME Not Known

MOTHER:
(14) NAME BEFORE MARRIAGE Adeline Kitcher

(9) PRESENT POSTOFFICE OF FATHER 4116 R.F.D.

(15) PRESENT POSTOFFICE OF MOTHER York S.C. R.F.D. 3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE York Co. SC

(18) BIRTHPLACE York Co. SC

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 20 at _____ M., on the date above stated. (Born alive or stillborn) _____ Hour A. M. or P. M.)

(23) (Signature) Father of Child Not positively known
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York SC

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) S. H. Love
(27) Filed Jan 12 191..... (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.

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MARGIN RESERVED FOR RETURNING. 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 5. McCaw McCaw, of Columbia.