

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

9515

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

(2) Full Name of Child *Helms Christine Zeagler*

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

7 Feb 27 23

FATHER.

(8) FULL NAME

H. B. Zeagler

(9) PRESENT POSTOFFICE OF FATHER

St. Matthews S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Zeagler

(15) PRESENT POSTOFFICE OF MOTHER

St. Matthews S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife

(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... *alive*... at... *4*... M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

H. G. Rayzor

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

St. Matthews S.C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

Apr. 30 1923

(28)

J. H. Starnes

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.