

(1) PLACE OF BIRTH

County of FlameTownship of Zulu City, S.C.Inc. Town of Zulu City, S.C.City of Zulu City, 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

No. 10-100-100-100-100

24408

Registration District No. 213Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</u>	(4) TIME OF BIRTH <u>10:30</u>	(5) NUMBER IN ORDER OF BIRTH <u>1</u>	(6) AGE OF CHILD <u>1</u>	(7) DATE OF BIRTH <u>Aug 12, 1913</u>
---------------------------------	-----------------------------------	--	------------------------------	--

FATHER		MOTHER	
(8) FULL NAME <u>Malley M. Donald</u>	(9) FULL NAME <u>Mary F. Hickman</u>	(10) PRESENT RESIDENCE <u>Zulu City, S.C.</u>	(11) PRESENT RESIDENCE <u>Zulu City, S.C.</u>
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>30</u>	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>25</u>
(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 A.M. on the date above stated.(23) (Signature) S. B. Carter(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness S. B. Carter(26) Filed 8/30/13 (27) 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.

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.