

Form No. 3

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Verdin  
 or  
 Inc. Town of Walterboro  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29785

Registration District No. 1409 Registered No. 13  
 (For use of Local Registrar)

(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 Henry Buzzel (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Buzzel  
 (9) PRESENT POSTOFFICE OF FATHER Blacks Bl.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Engineer  
 (14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Mahalia Mason  
 (15) PRESENT POSTOFFICE OF MOTHER Blacks Bl.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. L. Turner  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walterboro S.C.

Given name added from a supplemental report

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

(27) S. L. Turner 19 22 (28) Mrs. B. B. Buzzel 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.