

Form No. 1

(1) PLACE OF BIRTH

County of Evangeline
 Township of Parry
 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

31698

Registration District No. 3613 Registered No. 117
 (For use of Local Registrar)

City of (No. MINAIGAN 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 Leah Ann Zimmerman (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept. 16, 22
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Leah Ann Zimmerman
 9. PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 10. COLOR OR RACE Color 11. AGE AT LAST BIRTHDAY 18
 (Years)
 12. BIRTHPLACE Calhoun, S.C.
 13. OCCUPATION Farming

MOTHER.

14. NAME BEFORE MARRIAGE Martha Manning
 15. PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 16. COLOR OR RACE Color 17. AGE AT LAST BIRTHDAY 17
 (Years)
 18. BIRTHPLACE Evangeline, S.C.
 19. OCCUPATION Farm Help
 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 nt. 8 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Sept. 23, 22 (28) A. L. Fairley
 Registrar 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.

RECEIVED BY THE REGISTRAR, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8