

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
PLACENTHON, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of

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

Registration District No. 2015 Registered No. 20
(For use of Local Registrar)

File No.—For State Registrar Only
4174

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Leon 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 Aug. 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otto Zimmerman

(9) PRESENT POSTOFFICE OF FATHER WYOMINGVILLE S. C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Job work

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Betty Brown

(15) PRESENT POSTOFFICE OF MOTHER WYOMINGVILLE S. C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Monroe Co.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 4:30 P.
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Hattie Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife WYOMINGVILLE S. C.

Given name added from a supplemental report

(26) Witness R. H. Nelson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 8, 1922 (28) R. H. Nelson
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.