

(1) PLACE OF BIRTH

County of ClarendonTownship of Sammy Sharpor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29735

Registration District No. 315Registered No. 31

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Adelaide Zindel

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept. 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Seamus Zindel

(9) PRESENT POSTOFFICE OF FATHER

Payville S.C. R.F.D.

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm hand

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

(1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertie Klandring

(15) PRESENT POSTOFFICE OF MOTHER

Payville S.C. R.F.D.

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(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 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ella Shavis

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

Payville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 11, 1922(28) C. S. Green
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.