

(1) PLACE OF BIRTH.

County of Saxington

Township of

or
in Town of

City of

If born 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

Registration District No. 3109 Registered No. 81
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Ezzie Roland (If child is not yet named, make
supplemental report as directed)4. Sex girl
To be recorded only in event of Twins or Triplets5. Number in
order of birth6. Are
Parents
Married? no7. DATE OF
BIRTH May 3 1922
Year

FATHER

Rudolph ShempertDon't knowwhiteSax. Co.mill operator

MOTHER

14. NAME BEFORE
MARRIAGEEzzie Roland15. PRESENT
RESIDENCE
OF MOTHERSaxington16. COLOR
OF
HAIRwhite17. AGE AT BIRTH 20

18. BIRTH PLACE

Sax. Co.

19. OCCUPATION

Domestic20. Number of children of the mother
now living, including present birth1

(21) NAME OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was ... Ezzie ... at ... M.
in the name above stated. Sign the name of the mother. (If a married woman, sign as Mrs.)

(22) (Signature)

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Name of child from a supplement-
al report

(25) Witness

E.F. Roland(Signature of Witness not state only
when question 25 is signed by mother)

(27) Filed

Sept 4 1922(28) Mrs. C.E. Taylor
Local RegistrarIf no attending physician or midwife, then the father, householder, etc., should make this return.
Breathing even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.