

(1) PLACE OF BIRTH

County of San Juan
 Township of San Juan
 or
 Inc. Town of Pte. #4
 or
 City of Gray Court

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21693

Registration District No. 29.076Registered No. 38
(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 Rachel Pauline Zellott (If child is not yet named, make supplemental report as directed)(3) SEX OR
CHILD(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTH July 17th 1923
(Specify Month, Day, Year)

FATHER.

(8) FULL
NAME(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
RESIDENCE
OF MOTHER(16) COLOR
OR
RACE

(15) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 8:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Danner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Waverly St. S.C.(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed July 19 1923

(28)

Local Registrar

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.

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