

## (1) PLACE OF BIRTH

County of StarmendonTownship of Midway

or

Inc. Town of .....

or

City of .....

(No. .... St.; .... Ward)  
(if birth occurs 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

File No.—For State Registrar Only

3762

Registration District No. 1312 Registered No. 5  
(For use of Local Registrar)(2) Full Name of Child J. John M. Rinzis (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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME John H. M. Rinzis (14) NAME BEFORE MARRIAGE Katie Brown(9) PRESENT POSTOFFICE OF FATHER New Zion (15) PRESENT POSTOFFICE OF MOTHER New Zion(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24  
(Year) (Year)(12) BIRTHPLACE New Zion (18) BIRTHPLACE New Zion(13) OCCUPATION farmer (19) OCCUPATION farmer(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4: P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Brown (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife New Zion

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 22, 1922 (28) [Signature] 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.

MARGIN LINES NO FOR BINDING.

THIS FORM IS TO BE FILLED BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, WHO IS TO BE NOTIFIED BY THE REGISTRAR OF THE BIRTH OF EACH CHILD, AND WHO IS TO BE NOTIFIED BY THE REGISTRAR OF THE BIRTH OF EACH CHILD, AND WHO IS TO BE NOTIFIED BY THE REGISTRAR OF THE BIRTH OF EACH CHILD.