

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only  
**20030**

Registration District No. 801 Registered No. 431  
 (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 John Herriell Zeigler 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 July 4, 1923  
 To be answered only in event of Twins or Triplets (Month of Birth) (Day) (Year)

FATHER: 8. FULL NAME Henry Zeigler 14. NAME BEFORE MARRIAGE Lillie Staley

9. PRESENT POSTOFFICE OF FATHER St. Matthews 15. PRESENT POSTOFFICE OF MOTHER St. Matthews

10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 22 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 19  
 (Year) (Year)

12. BIRTHPLACE S.C. 18. BIRTHPLACE S.C.

13. OCCUPATION Farmer 19. OCCUPATION House work

20. Number of children born to mother, including present birth 1 2 21. Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lula K. Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 29, 1923 (28) J. H. ... 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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a. c. ...