

## (1) PLACE OF BIRTH

County of *Lexington*  
 Township of *Lexington*  
 or  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8362

Registration District No. *3109* Registered No. *2*  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *January 3, 1922*  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Robert Frederick Mizelle*

(9) PRESENT POSTOFFICE OF FATHER *Lexington, S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *30* (Year)

(12) BIRTHPLACE *Charleston, S.C.*

(13) OCCUPATION *carpenter*

(14) NAME BEFORE MARRIAGE *Ellis Eugenia Hylen*

(15) PRESENT POSTOFFICE OF MOTHER *Lexington, S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36* (Year)

(18) BIRTHPLACE *Lexington Co., S.C.*

(19) OCCUPATION *at home*

(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *J. J. Wingard, M.D.*  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Lexington, 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 *JAN. 15, 1922* (28) Chas. E. Taylor, Registrar

\*When there was no attending physician or midwife, then the father, mother, or other person, 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 gestation.

AS A CHILD BREATHES EVER, EVEN IF ONLY ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF GESTATION.