

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Wiseor  
Inc. Town of .....or  
City of .....

(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

30032

Registration District No. 1813 Registered No. 31  
(For use of Local Registrar)(2) Full Name of Child Zelous Hightower (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 Sept 12 1933  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Hightower R.F.D.(9) PRESENT POSTOFFICE OF FATHER Trenton, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47  
(Year)(12) BIRTHPLACE Edgefield(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Moss(15) PRESENT POSTOFFICE OF MOTHER Trenton, S.C. R.F.D.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34  
(Year)(18) BIRTHPLACE Edgefield(19) OCCUPATION Farm help(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Rhoney(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgefield, 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 Oct 12 1933 (28) Cliff W. Hambl 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.

IN CASE OF TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.