

(1) PLACE OF BIRTH

County of Marlboro
Township of Smithville
or
Inc. Town of
or
City of

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

Registration District No. 8396

File No.—For State Registrar Only

31352

Registered No. 42
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Luiza Cele

(If child is not yet named, make supplemental report as directed)

Is the child a BOY or GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6, 1932
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John F. Cele
(9) PRESENT POSTOFFICE OF FATHER Kellook, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE S.C.
(13) OCCUPATION Father

MOTHER

(14) NAME BEFORE MARRIAGE Ella Zimmerman
(15) PRESENT POSTOFFICE OF MOTHER Kellook, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Work
(20) Number of children born to mother, including present birth Nine
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) O. H. Purvis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charaw, 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 Sept. 19, 1932 (28) W. H. Priest 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.