

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH

County of Franklin
Township of
or
Inc. Town of No. 2
or
City of

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

No. for State Registrar Only
24311

Registration District No. 1901 Registered No. 46
(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 Sarah Cook Zager If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 18, 1923</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Walter Zager</u>				(14) NAME BEFORE MARRIAGE <u>James Rode</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Woodward</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Woodward</u>
(10) COLOR OR RACE <u>black</u>		(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(16) COLOR OR RACE <u>black</u>
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bess Harrison
(24) State Whether Physician or Midwife

(25) Address of Physician or Midwife
Woodward, 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 Aug 25, 1923 (28) W. G. Blaine
Registrar 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.