

(1) PLACE OF BIRTH

County of WichitkaTownship of WichitkaInc. Town of WichitkaCity of Wichitka

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22857

Registration District No. 4303 Registered No. 23
(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 Mary Louisa Zisdale If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 1, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. J. Zisdale
(9) PRESENT POSTOFFICE OF FATHER Kingstree
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Wichitka
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Walcott
(15) PRESENT POSTOFFICE OF MOTHER Kingstree
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Wichitka
(19) OCCUPATION Housekeeper(20) Number of children born to mother, including present birth 1 (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 born at 1:19 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Boyd Wilson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree(26) Witness O. J. Zisdale
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 22, 1923 (28) B. E. Johnston Local Registrar

Given name added from a supplemental report

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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.