

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orange  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18745

Registration District No. 3.6.13. Registered No. .... 67.....  
 (For use of Local Registrar)

(2) Full Name of Child

James Zelder

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be approved 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>June 20, 1923</u> (Month of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John Zelder</u>	(14) NAME BEFORE MARRIAGE <u>Maya Wiley</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wesley SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wesley SC</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg SC</u>	(18) BIRTHPLACE <u>Branchville, SC</u>			
(13) OCCUPATION <u>Workman</u>	(19) OCCUPATION <u>work on farm</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Conley midwife  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Wesley SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1923 (28) O. L. Farney Local Registrar

\*When there was no attending physician or midwife, that 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.