

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orange

Inc. Town of

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

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 Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 20, 1923
(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>W. B. SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>W. B. SC</u>		
(10) COLOR OR RACE	<u>Col</u>	(16) COLOR OR RACE	<u>Col</u>		
(11) AGE AT LAST BIRTHDAY	<u>20</u>	(17) AGE AT LAST BIRTHDAY	<u>25</u>		
(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.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Georgia Curley midwife(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. B. 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 report. 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.