

(1) PLACE OF BIRTH

County of MarlboroTownship of Smithvilleor
Inc. Town ofor
City of

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

(2) Full Name of Child Addie E. Zimmerman

File No.—For State Registrar Only

39425

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3386... Registered No. 59...

(For use of Local Registrar)

(No. St.; Ward)

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

(3) SEX <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 17</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bogan Zimmerman(9) PRESENT POSTOFFICE OF FATHER Kollock, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Year)(12) BIRTHPLACE S.C.

(13) OCCUPATION

FATHER(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Parker(15) PRESENT POSTOFFICE OF MOTHER Kollock, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE S.C.

(19) OCCUPATION

House Wkr.(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 at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Peoples(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kollock, 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 Nov. 22, 1922 (28) W. A. 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.