

(1) PLACE OF BIRTH

County of WayneTownship of Christ Church Parish

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

71790

Registration District No. 901 Registered No. 24
(For use of Local Registrar)(2) Full Name of Child Sallie Mayzack { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 7 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Mayzack(14) NAME BEFORE MARRIAGE Sallie Jackson(9) PRESENT POSTOFFICE OR FATHER Mt Pleasant(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Christ Church Parish(18) BIRTHPLACE Christ Church Parish(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lacy Dugan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mt Pleasant

Given name added from a supplemental report

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

(27) Filed Aug 14 1916 (28) L. H. Hagan 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.