

(1) PLACE OF BIRTH

County of Hampton
 Township of Greethes
 or
 Inc. Town of Estill
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64700

Registration District No. 2-100 Registered No. 550
 (For use of Local Registrar)

(2) Full Name of Child Robert Samuel Zell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1914</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>John Derrick Zell</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Estill SC.</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			
(12) BIRTHPLACE <u>Orangeburg County</u>				
(13) OCCUPATION <u>Carpenter</u>				
(20) Number of children born to mother, including present birth <u>Nine</u>				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Elizabeth Smith</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Estill SC.</u>				
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)			
(18) BIRTHPLACE <u>Colleton County</u>				
(19) OCCUPATION <u>Housewife</u>				
(21) Number of children of this mother now living, including present birth <u>Eight</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Roseph Johnston, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Estill SC.

Given name added from a supplemental report

(26) Witness

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

(27) File

(28)

Registrar

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.

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