

(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. 2-1-10 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?	(5) Number in order of birth <i>To be answered only in event of twins or triplets</i>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 6 1916</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>John Derrick Zell</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Smith</u>			(9) PRESENT POSTOFFICE OF FATHER <u>Estill S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(15) PRESENT POSTOFFICE OF MOTHER <u>Estill S.C.</u>		
(12) BIRTHPLACE <u>Orangeburg County</u>	(16) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)
(13) OCCUPATION <u>Carpenter</u>	(18) BIRTHPLACE <u>Colleton County</u>			(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Nine</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) Joseph W. Johnston, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Estill S.C.

Given name added from a supplemental report
1916
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) File # 1916 (28) Dr. W. D. Vincent
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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Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia