

County of San Diego  
Towship of Imperial  
or  
Inc. Town of .....  
or  
City of .....

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

**13007**

Registration District No. 10... Registered No. ....  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child**

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

(1) BOY OR GIRL Girl	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth ✓	(5) Are Parents Married? yes	(7) DATE OF BIRTH May 8, 23 (Name of Month) (Day) (Year)
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# MOTHER

1) FULL NAME *Jessie Myzell*  
2) PRESENT POSTOFFICE OF FATHER *Ridgely, Ark*  
3) COLOR OR RACE *Colored* 4) AGE AT LAST BIRTHDAY *30* (Years)  
5) BIRTHPLACE *Burkeley co.*  
6) OCCUPATION *Farming*  
7) Number of children born to mother, including present birth *3*

(14) NAME BEFORE MARRIAGE Julia Susan  
(15) PRESENT POSTOFFICE OF MOTHER Cross Ridge  
(16) COLOR OR RACE Colo (17) AGE AT LAST BIRTHDAY 28 (Yrs)  
(18) BIRTHPLACE Ben'sely Co  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(20) I hereby certify that I attended the birth of this child, who was . . . a live . . . at . . . 9 . . . M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) Howard T. Allen

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

(Given name added from a supplement-  
al report)

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

(27) Filed June 7, 1958 at San Francisco, California 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.