

(1) PLACE OF BIRTH

County of Charleston
 Township of Edisto Island
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

25218

Registration District No. 912Registered No. 439
(For use of Local Registrar)

(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 Mima Bligin

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 3
To be answered only in event of Twins or Triplets(6) Are Parents Married? no

(7) DATE OF

BIRTH June 1st 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Don't know

(9) PRESENT POSTOFFICE OF FATHER

" "

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

" "

(13) OCCUPATION

" "

MOTHER.

(14) NAME BEFORE MARRIAGE

Mima Bligin

(15) PRESENT POSTOFFICE OF MOTHER

Edisto Island S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... born alive.... at 4 P.M.....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel M. Nelson(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Edisto Island, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

June 22nd 1922

(27)

N. M. Nelson
County 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.