

(1) PLACE OF BIRTH

County of Charleston
 Township of Edisto Island

or
 Inc. Town of

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. Unamed "Ingraz" { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 902 (6) Are Parents Married? Yes (7) DATE BIRTH Aug 8 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Imy Ingraz

(9) PRESENT POSTOFFICE OF FATHER Edisto Island

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Chas Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Miller

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Same

(19) OCCUPATION Same

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P N., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harvey K. Green

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug 18 1916 (28) John 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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