

PLACE OF BIRTH

County of Indigo
 Township of Indigo
 or
 Town of Indigo
 or

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

File No. - For State Registrar Only

9959

Registration District No. 314

Registered No. 12
 (For use of Local Registrar)

(No. 12 St. 12 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Indigo

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

BOY OR GIRL

(4) Twin or Triplet?

+

(5) Number in order of birth

1

(6) Are Parents Married?

+

(7) DATE OF BIRTH

1920

(Name of Month) May (Year) 1920

FATHER

Indigo

MOTHER

Indigo

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

29

(Year)

BIRTHPLACE

Indigo

OCCUPATION

(14) NAME BEFORE MARRIAGE

Indigo

(15) PRESENT POSTOFFICE OF MOTHER

Indigo

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

29

(Year)

(18) BIRTHPLACE

Indigo

(19) OCCUPATION

Indigo

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

1 + 1 + 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Indigo

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 25 is signed by mark)

(27) Filed May 10 1920

(28) 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.