

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Beulah  
 or  
 Inc. Town of Beulah  
 or  
 City of Beulah

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17433

Registration District No. 1606Registered No. 57  
(For use of Local Registrar)

(2) Full Name of Child Ida Mae Graver (No. .... St.; .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.  
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Female</u>	(4) Twin <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in family at birth <u>2</u>	(6) Age Parent Married <u>1</u>	(7) DATE OF BIRTH <u>Mar 6 1912</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ida Graver</u>		(14) NAME BEFORE MARRIAGE <u>Ida Graver</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Beulah</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Beulah</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>Beulah</u>		
(13) OCCUPATION <u>Inspector</u>		(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

(26) Witness

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

(27) Filed

1/12 1923

(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.