

(1) PLACE OF BIRTH

County of AndersonTownship of Mathor
Inc. Town ofor
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

Elvia Arlene Ingrid 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

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Nov 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl M. In(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Bryant(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. In

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 8 1923(28) W. P. Robinson 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.

WHICH
12... etc., should make this return.
.. pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.