

PLACE OF BIRTH
County of Colleton
Township of 1
or
City of 1

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

777-A

Registration District No. 7401 Registered No. _____
(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 Darry Provant

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

1. BOY OR GIRL Boy 4. Are Parents Married? Yes 7. DATE OF BIRTH Jan 7 1923
(Name of Month (Day) (Year))
To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Nearby Levi Provant
9. PRESENT POSTOFFICE OF FATHER Puffin St. C.
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 42(?) (Years)
12. BIRTHPLACE Colleton
13. OCCUPATION Saw mill & farming
14. Number of children born to mother, including present birth 4

MOTHER

14. NAME BEFORE MARRIAGE Katie Konard
15. PRESENT POSTOFFICE OF MOTHER Puffin St. C.
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 24(?) (Years)
18. BIRTHPLACE Colleton County
19. OCCUPATION House wife
20. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature Katherine Inabitt
24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife Islandtop, S. C.

Given name added from a supplemental report _____
26. _____
(Signature of Witness necessary only when question 23 is signed by mark)
27. Filed _____ 19 _____ 28. _____

When there was no attending physician or midwife, then the father, householder, etc., should report the birth of a child branches even once, it must not be reported as stillborn. No report is desired of stillborn.