

(1) PLACE OF BIRTH

County of ShroderTownship of Shroder

In Town of

City of

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

CERTIFICATE OF BIRTH

State of South Carolina

Bureau of Vital Statistics

State Board of Health

650

Registration District No. 1000 B Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth Indian (If child is not yet named, state name and date of naming)(3) SEX OF CHILD Girl (4) AGE OF CHILD 1 year (5) DATE OF BIRTH Feb. 9, 1923

FATHER.

(6) NAME OF FATHER John Indian

(7) OCCUPATION OF FATHER

(8) COLOR Black (9) AGE AT LAST BIRTHDAY 29 (10) DATE OF LAST BIRTHDAY(11) BIRTHPLACE South Carolina(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME OF MOTHER Mills Browning(15) OCCUPATION OF MOTHER Housewife(16) COLOR Black (17) AGE AT LAST BIRTHDAY 29 (18) DATE OF LAST BIRTHDAY(19) BIRTHPLACE South Carolina(20) OCCUPATION Housewife(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 Mary Elizabeth Indian at 2 P. M. on the date above stated. (23) (Signature) Geo. Peter (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife House 49

Given name added from a supplementary report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Signed Feb. 9, 1923 (28) J. A. White

*When there was no attending physician or midwife, then the father, householder, or other person, must sign this certificate, and if a child breathes even once, it must not be reported as stillborn, but as born, before the fifth month of pregnancy.