

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8185

County of PickensTownship of Central

Inc. Town of

City of

Registration District No. 3700 Registered No. 18

(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 Ignatia

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Feb. 28, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Elbertson(9) PRESENT POSTOFFICE OF FATHER Central R3 SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Jones(15) PRESENT POSTOFFICE OF MOTHER Central R3 SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Mo.(19) OCCUPATION Domestic(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 born at Mo. M., on the date above stated. (Born alive or stillborn. (Home, H. or P.H.))(23) (Signature) E. J. Smith

(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 nurse)

(27) Filed 4/9/23

(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.

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