(1) PLACE OF BIRTH

County of Anderson

Township of Martin

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only
20955

Registration District No. 259 Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Lucy Tigner — If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
			yes	June 22, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Tigner

(9) PRESENT POSTOFFICE OF FATHER Belton

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Estella Jones

(15) PRESENT POSTOFFICE OF MOTHER Belton

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma L Jones

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Belton SC R 4

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 7 6 1922 (28) R. P. T. [illegible]
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5

McCAW OF COLUMBIA, COLUMBIA, S. C.