

PLACE OF BIRTH

County of Florence

Township of

City of Florence

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

(2) Full Name of Child Lydia Irene Tigert

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

(1) SEX OF CHILD Girl(4) Type of Twin —
To be marked only in case of Twin or Triple(3) Number in order of birth —(5) Is Child Married yes(7) DATE OF BIRTH Sept 27 1913
(Month) (Day) (Year)

FATHER.

(1) FULL NAME Isaac Igone Tigert(2) PRESENT POSTOFFICE OF FATHER Florence, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Mississippi(13) OCCUPATION Attorney at Law(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Elliott(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE South Carolina(19) 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 born alive at Florence, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edwards M. D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 10 27 1913 (28) P. H. Davidson

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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