

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-70-100-100-100

28286

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.)

Registration District No. 20 Registered No. 348  
(For use of Local Registrar)(2) Full Name of Child Lydian Irene Tignor (If child is not yet named, make supplemental report as directed)(1) SEX OF CHILD Girl (2) Type of Child To be recorded only in event of Twin or Triplet (3) Number in order of birth - (4) Is Child Married yes (5) DATE OF BIRTH Sept 27 1927  
(Month) (Day) (Year)

## FATHER.

(1) FULL NAME Isaac Tignor Tignor(2) PRESENT POSTOFFICE OF FATHER Florence, S.C.(10) COLOR OF RACE white (11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Mississippi(13) OCCUPATION Attorney at Law(14) 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 OF 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 8:00 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Chas. 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 22 is signed by mark)

(27) Filed 1.0.27 at P. H. 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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