

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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.

(1) PLACE OF BIRTH

County of *Williamsburg*  
Township of *Parr*  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. *4308*

File No.—For State Registrar Only

75156

Registered No. *82*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; ..... Ward)

(2) Full Name of Child *Frank Driggers*

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

(3) BOY OR GIRL *boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth *2*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Aug 17<sup>th</sup> 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Clarence Driggers*

(9) PRESENT POSTOFFICE OF FATHER

*Bryan, S. C.*

(10) COLOR OR RACE *white*

(11) AGE AT LAST BIRTHDAY

*40*

(Years)

(12) BIRTHPLACE

*S. C.*

(13) OCCUPATION

*Farmer*

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

*2*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Helen Burkett*

(15) PRESENT POSTOFFICE OF MOTHER

*Bryan, S. C.*

(16) COLOR OR RACE *white*

(17) AGE AT LAST BIRTHDAY

*30*

(Years)

(18) BIRTHPLACE

*S. C.*

(19) OCCUPATION

*Housewife*

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

*2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Clara York*

(24) State whether Physician or Midwife *midwife*

(25) Address of Physician or Midwife *Lane, S. C.*

Given name added from a supplemental report

(26) Witness *F. L. Baggett, sub. reg.*

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

(27) Filed *Aug 24<sup>th</sup> 1916*

(28)

*Albert P. Mosely*  
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.