

FORM NO. 5.

(1) PLACE OF BIRTH  
 County of Windsor  
 Township of King

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
44947

Inc. Town of ..... Registration District No. 4302 Registered No. 71  
 or  
 City of ..... (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, Mary E. Driggers } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 17, 1914  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME D. B. Driggers  
 (9) PRESENT POSTOFFICE OF FATHER King  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Townsbury  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Matie Ella Todd  
 (15) PRESENT POSTOFFICE OF MOTHER King  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Townsbury  
 (19) OCCUPATION Housekeeper  
 (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 born at King ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E. Driggers  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife King

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed Dec 22 1914 (28) J. E. Blackman  
 Local Registrar.

WRITE IN INK. 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 2.  
 McCraw, of Columbia.

\*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.