CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
88561

(1) PLACE OF BIRTH
County of Berkeley Co.
Township of St. James
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.)

Registration District No. 701 Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child Harvey Edward 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
(6) Are Parents Married? yes
(7) DATE OF BIRTH ..... Dec 11 1926 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Moses Driggers	(14) NAME BEFORE MARRIAGE Rose Harmon
(9) PRESENT POSTOFFICE OF FATHER Summerville S.C	(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Berkeley Co.	(18) BIRTHPLACE Berkeley Co
(13) OCCUPATION Farmer.	(19) OCCUPATION House Work.
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) (Mrs) Frances Driggers
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Summerville S.C

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 Dec 25 26 (28) R. G. Harmon 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.

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.