

MARGIN REMOVED FOR BINDING.
 WITH PLAINLY, WITH UNPAID INK—THIS IS A PERMANENT RECORD.
 IN 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

(1) PLACE OF BIRTH

County of Newberry
 Township of St. Johns
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
4682

Registration District No. 3404 Registered No. 6
 (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 Mills, McLivingston Drayton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 7 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Drayton
 (9) PRESENT POSTOFFICE OF FATHER Newberry
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE Newberry Co
 (13) OCCUPATION Blacksmith
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mable Livingston
 (15) PRESENT POSTOFFICE OF MOTHER Newberry
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE Newberry Co
 (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 alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Drayton
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry

(Given name added from a supplemental report)

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

(27) Filed Feb 7 1923 (28) g. h. Drayton 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.