

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
W. 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.

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
Township of
or
Inc. Town of Minustora
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joe Louis Driggers

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 Oct 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Driggers
(9) PRESENT POSTOFFICE OF FATHER Minustora, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE Summerville S.C.
(13) OCCUPATION Mill Operator
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Enloe
(15) PRESENT POSTOFFICE OF MOTHER Minustora S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
(18) BIRTHPLACE Cherter S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Saul E. Enloe

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Minustora S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 10, 1922

(28) P. M. Hargner 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.

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
34268

Registration District No. 14 Registered No. 49
(For use of Local Registrar)

(No. St.; Ward)