Form No. 2

(1) PLACE OF BIRTH.

County of Aiken

Township of Graniteville

or

Inc. Town of .....

or

City of .....

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

CERTIFICATE OF BIRTH

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

File No. 307[illegible]

Registration District No. 208 Registered No. 14

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child .....

(3) Sex	(4) Twin or Triplet	(5) Number in order of birth	(6) Legitimate	(7) Date of birth
boy		1	yes	Oct 14 1923 (Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) Full name: Leconte Drayton

(9) Present occupation of father: Lavaria

(10) Color or race: Negro

(11) Age at last birthday: 21 (Years)

(12) Birthplace: Aiken Co

(13) Occupation: Farming

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) Name before marriage: Bertha Amy Jerry

(15) Present occupation of mother: Lavaria Le

(16) Color or race: Negro

(17) Age at last birthday: 21 (Years)

(18) Birthplace: Aiken 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 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Tarr

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Earle S.C.

Given name added from a supplemental report

..... 19 ....

..... Registrar

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

(27) Filed 14 7 1923 (28) J. C. Jones Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillbirth is the complete expulsion or extraction from its mother of a child which has not breathed or shown any other evidence of life after such birth. A report is desired of stillbirths after the fifth month of pregnancy.

MAILED FREE OF POSTAGE TO ANY ADDRESS IN U.S.

PENALTY FOR NEGLECT OR REFUSAL TO MAKE REPORT.—Any person required by law to report and register a birth who refuses or neglects to do so within the time prescribed by law shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $100.00 or by imprisonment not exceeding 30 days, or both, in the discretion of the court.

PENALTY FOR FALSE REPORT.—Any person who shall wilfully make a false report of any birth or death shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $100.00 or by imprisonment not exceeding 30 days, or both, in the discretion of the court.

DUTY OF PHYSICIAN OR MIDWIFE.—It shall be the duty of the physician or midwife in attendance upon any birth to make a report thereof to the Registrar of Vital Statistics of the district in which the birth occurs, within five days after the birth, and if there be no physician or midwife in attendance, then the father, householder, or other person having knowledge of the birth shall make such report within five days after the birth. (Sec. 1, No. 2, Act No. 1, 1915.)