

Form No. 1

# 7

(1) PLACE OF BIRTH Abbeville  
 County of McCormick  
 Township of Indian Hill

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

File No. — For State Registrar Only  
**71059**

Inc. Town of ..... Registration District No. 111 ..... Registered No. 97 .....  
 (For use of Local Registrar)  
 or ..... St.; ..... Ward  
 City of ..... (No. .... instead of street and number.)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Gearns Elish Drennan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 24, 1916  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME John Aech Drennan

(9) PRESENT POSTOFFICE OF FATHER Tray S C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Abbeville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Barry May Sutton

(15) PRESENT POSTOFFICE OF MOTHER Tray S C

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Georgie

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth } 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 ..... P.M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Sallie X Harris, Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. R. Long  
 (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Sept 4, 1916 (28) Sam L. Long  
 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 FULLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS MAKE SEPARATE BLANKS FOR EACH CHILD, AND MARK IN  
 McCormick of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.