

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH EXPANSING INK.—THIS IS A PERMANENT RECORD. AND MARK THE  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. In question 2  
 FIRST-BORN. No. 1. THE OTHER. No. 2, etc.

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

File No.—For State Registrar Only  
**41376**

(1) PLACE OF BIRTH  
 County of Laurens  
 Township of Youngs  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. 2908 Registered No. 78  
 (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 Franklin Pierce Drummond  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 16 22</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Franklin Pierce Drummond</u>			(14) NAME BEFORE MARRIAGE <u>Corrine Toppard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(12) BIRTHPLACE <u>Laurens Co. S.C.</u>	(13) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(15) OCCUPATION <u>Farmer</u>			(16) BIRTHPLACE <u>Spartanburg Co.</u>	
(18) OCCUPATION <u>Domestic</u>			(19) Number of children of this mother now living, including present birth <u>1 1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. T. Harris at ..... M.  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Laurens S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)  
Jan 15 24  
 (27) Filed Jan 15 24 (28) 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.