

THIS IS A PERMANENT RECORD. 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. See question 1.

**(1) PLACE OF BIRTH**  
 County of Aiken  
 Township of Wright  
 or Granitville  
 City of Granitville (No. 2 St. 1 Ward 1)  
 (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

**No. 1. - For this Register**  
58

Registered No. 11  
 (For use of Local Registrar)

**(2) Full Name of Child** Geo. Jackson Driver  
 If child is not yet named, make supplemental report as directed

**(3) SEX OR CHILD** boy **(4) Type or Triple** - **(5) Number in order of birth** 1  
 To be reported only in case of Twins or Triplets

**(6) DATE OF BIRTH** Jan 29 1923  
 (Month) (Day) (Year)

**FATHER.**  
**(7) FULL NAME** Geo. Leonard Driver  
**(8) PRESENT RESIDENCE OF FATHER** Granitville, S.C.  
**(9) COLOR OR RACE** white **(10) AGE AT LAST BIRTHDAY** 31 (Years)  
**(11) BIRTHPLACE** Logansport, Ind.  
**(12) OCCUPATION** entire

**MOTHER.**  
**(13) NAME BEFORE MARRIAGE** Mabel Tallies Key  
**(14) PRESENT RESIDENCE OF MOTHER** Granitville, S.C.  
**(15) COLOR OR RACE** white **(16) AGE AT LAST BIRTHDAY** 21 (Years)  
**(17) BIRTHPLACE** Granitville, S.C.  
**(18) OCCUPATION** Spinner Cotton mill

**(19) Number of children born to mother, including present birth** 3  
**(20) Number of children of this mother now living, including present birth** 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

**(21) I hereby certify that I attended the birth of this child, who was** born alive **at** 7:00 **A.M.**  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

**(22) (Signature)** W. R. Sherrill, D.S., M.D.  
**(23) State whether Physician or Midwife** Physician **(24) Address of Physician or Midwife** Granitville, S.C.

**(25) Witness** W. R. Sherrill, D.S., M.D.  
 (Signature of Witness necessary only when question 23 is signed by mark)

**(26) Filed** Feb 1 1923 **(27) Local Registrar.** W. R. Sherrill

**(28) Given name added from a supplemental report**

**(29) 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.**

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