

PLACE OF BIRTH

County of *Spartanburg*Township of *11*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16792

Registration District No. *4008*Registered No. *114*
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child *North May Drimmer* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 4 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Clay Drimmer*(9) PRESENT POSTOFFICE OF FATHER *Clifton S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *25* (Years)(12) BIRTHPLACE *Hancock Co. Tenn.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bertie Garland*(15) PRESENT POSTOFFICE OF MOTHER *Clifton S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *Hancock Co. Tenn.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9* A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Mary Harris*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Clifton S.C.*

Given name added from a supplemental report

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

(27) Filed *May 15 1922* (28) *C. F. Barker* 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.