

PLACE OF BIRTH

County of *Spartanburg*
Township of *Shiloh*
or
Inc. Town of
or
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? *girl* (4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 4 1922*
(Name of Month) (Day) (Year)

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*
(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Bertie Hubbard*
(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*
(21) 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 Farris* (25) Address of Physician or Midwife *Clifton S.C.*
(24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by *me*)
(27) Filed *May 15 1922* (28) *C. T. 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.