

(1) PLACE OF BIRTH

County of James
 Township of Clinton
 or
 Inc. Town of Clinton
 or
 City of Clinton

CERTIFICATE OF BIRTH

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

No. 41282 — For State Registrar Only

Registration District No. 29B Registered No. 111
 (For use of Local Registrar)
 (No. 18 Beaufort St.) 5 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oliver Driggers (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Yes (7) DATE OF BIRTH Dec 20 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ambrose Driggers

(9) PRESENT RESIDENCE OF FATHER Clinton S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Police of

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Deneth

(15) PRESENT RESIDENCE OF MOTHER Clinton, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (Year)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 350A M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. L. W. Bailey, M.D.
 (23) State South Carolina Physician or Midwife (24) Address of Physician or Midwife Clinton S. C.

Given name added from a supplemental report

James
Mar. 19 1924

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Dec 20 1923 (27) J. L. W. Bailey 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.

UNION RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 H. B.—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., in question 3.