

(1) PLACE OF BIRTH

County of AllendaleTownship of Culbersonor
Inc. Town of

City of

(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

File No. — For State Registrar Only

19716

Registration District No. 440 Registered No. 140
(For use of Local Registrar)(2) Full Name of Child Eligelia Drayton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Age Parents Married Yes (6) DATE OF BIRTH July 21, 1923
(Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>January Drayton</u>	(14) NAME BEFORE MARRIAGE	<u>Jula Fields</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Allendale S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Allendale S.C.</u>
(10) COLOR OR RACE	<u>Colard</u>	(16) COLOR OR RACE	<u>Colard</u>
(11) AGE AT LAST BIRTHDAY	<u>5-6</u> (Year)	(17) AGE AT LAST BIRTHDAY	<u>25</u> (Year)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of this mother now living, including present birth	<u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alberta Ford
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Allendale S.C.

(Given name added from a supplemental report)

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

(27) Filed July 26, 1923 (28) J. I. Rouse 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.