

THIS 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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Greenville  
Township of North  
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

34629

Registration District No. 2207

Registered No. 63  
(For use of Local Registrar)

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

(2) Full Name of Child Nathaniel Drummond

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No  
To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 21 1922  
(Name Month) (Day) (Year)

FATHER

(8) FULL NAME Nathaniel Drummond

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R.F. #6

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 34  
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Lula Daws

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R.F. #6

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 28  
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betty Sherman

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C. R.F. #6

Given name added from a supplemental report

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

19 22 Registrar

(27) Filed Nov. 20 1922 (28) E. B. Hendrix 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.