

(1) PLACE OF BIRTH

County of

Township of

or
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

36391

Registration District No. 40-B

Registered No.

87

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. Grover Cleveland Drummond, Jr.

Name is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parent Married?

(7) DATE OF BIRTH

Oct. 24 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Grover Cleveland Drummond

(9) NAME BEFORE MARRIAGE

Mamie Guess

(10) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(11) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(12) COLOR OR RACE

Col

(13) AGE AT LAST BIRTHDAY

28

(Years)

(14) COLOR OR RACE

Cal

(15) AGE AT LAST BIRTHDAY

27

(Years)

(16) BIRTHPLACE

Shantaburg Co.

(17) BIRTHPLACE

Shantaburg Co.

(18) OCCUPATION

Oil mill operative

(19) OCCUPATION

Domestic

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

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated.

(Hour A. M. or P. M.)

(23) (Signature)

Mamie Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Woodruff S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File

Oct 30 22 Chap L Boyter

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.

Registrar Only

Registrar

Ward

ed, make directed

2-2 (Year)

CH 2

20

(Year)

30 M. P. M.