

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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.

## (1) PLACE OF BIRTH

County of Chester  
Township of Chester  
or  
Inc. Town of.....  
or  
City of .....

(2) Full Name of Child

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth

FATHER.

(8) FULL NAME *Wm Henry Dreatley*

(9) PRESENT POSTOFFICE OF FATHER *3 Lester*

(10) COLOR OR RACE *White* (11) AGE AT BIRTH *21* (Years)

(12) BIRTHPLACE *Greenville MS*

(13) OCCUPATION *Mill work*

(20) Number of children born to \_\_\_\_\_

**CERTIFICATE OF ATTENDANCE**

(22) I hereby certify that I attended the birth of this child on the date above stated.

(23) (Signature)  
(24) State whether

Given name added from a supplemental report

(26) Will

(27) Will

•When there was no attending physician or midwife, if a child breathes even once, it must not be re-buried before the fifth

When there was no attending physician or midwife, if a child breathes even once, it must not be resuscitated before the fifth day.



**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1107 Registered No. 8  
(For use of Local Registrar)  
(No. Eureka Mills St.; ..... Ward)  
(Institution, give name of same instead of street and number.)

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

Number in order of birth	(8) Are Parents Married?	(9) DATE OF BIRTH
Twins or Triplets	<i>Yes</i>	<i>Jan. 18 1922</i> (Name of Month) (Day) (Year)
MOTHER.		
(14) NAME BEFORE MARRIAGE	<i>Effie Blush</i>	
(15) PRESENT POSTOFFICE OF MOTHER	<i>C. Lester</i>	
(16) COLOR OR RACE	<i>White</i>	(17) AGE AT LAST BIRTHDAY..... <i>18</i> (Years)
(18) BIRTHPLACE	<i>Altamare, N.C.</i>	
(19) OCCUPATION	<i>Domestic</i>	
(21) Number of children of this mother now living, including present birth	<i>1</i>	

ATTENDING PHYSICIAN OR MIDWIFE  
 birth of this child, who was... *alive* ... at *1130* P.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 (Signature) *H M Kier*  
 State whether Physician or Midwife (5) Address of Physician or Midwife  
*1011 10th St S*

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)  
(27) Filed 26 ..... 1922 (28) J. H. Sullivan ..... Registrar.  
by this return.

r. midwife, then the father, householder, etc., should make this report. It should not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

midwife, physician, father, householder, etc.) should make this return, not be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.