

## (1) PLACE OF BIRTH

County of Spencer  
 Township of Lygoff  
 or Town of Lygoff  
 or City of Lygoff  
 (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  
**30885**

Only

(2) Full Name of Child John W. Drankham

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

(1) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 1912  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME John Drankham  
 (9) PRESENT POSTOFFICE OF FATHER Lygoff S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Lygoff

(13) OCCUPATION farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Daisy Sloan

(15) PRESENT POSTOFFICE OF MOTHER Lygoff S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Richland

(19) OCCUPATION farmer

(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Friday at morning 10 AM. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lygoff

H.  
H.  
H.

26

Given name added from a supplemental report

(26) Witness Patte Forten  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 1912 [Signature] 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.