

## (1) PLACE OF BIRTH

County of WindsburgTownship of Parryor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Sadie May Drumore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 7<sup>th</sup> 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>George Drumore</u>	(14) NAME BEFORE MARRIAGE <u>Viola Cooper</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Laurie, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurie S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Windsburg Co. S.C.</u>	(18) BIRTHPLACE <u>Windsburg Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>farm laborer</u>

(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sily Clouder  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Laurie S.C.

(Given name added from a supplemental report)

.....  
 19 .....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 10<sup>th</sup> 1923 (28) AR Moreley  
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.