

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town ofor
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 Nellie Drowdy

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 10(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Nellie Drowdy(9) PRESENT POSTOFFICE OF FATHER Easton S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Richland Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Wilson(15) PRESENT POSTOFFICE OF MOTHER Easton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Richland Co S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 pm.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Henry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Easton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 27, 1922

(28)

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.