# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
32838

(1) PLACE OF BIRTH

County of Abbeville
Township of Magnolia
or
Inc. Town of Calhoun Falls
or
City of .....

Registration District No. 109 Registered No. 90
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irene Drussey

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

| (3) ~~BOY OR~~ GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH: Sept (Name of Month) 12 (Day) 19 22 (Year) |
|---|---|---|---|---|
| | | | Yes | |

## FATHER.

(8) FULL NAME: Jno J Drussey
(9) PRESENT POSTOFFICE OF FATHER: Calhoun Falls S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 40 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Cotton mill
(20) Number of children born to mother, including present birth: Four

## MOTHER.

(14) NAME BEFORE MARRIAGE: Carrie Williams
(15) PRESENT POSTOFFICE OF MOTHER: Calhoun Falls S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 31 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: House Wife
(21) Number of children of this mother now living, including present birth: Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) J. V. Latta MD
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife: Calhoun Falls 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 Oct 7 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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 5.

McCaw, Register for Richland County, Columbia, S. C.

Registrar

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Local Registrar.