

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown  
Township of # 5

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

89954

Inc. Town of ..... Registration District No. 2104 Registered No. 58  
(For use of Local Registrar)  
City of ..... (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 Joe Drord If child is not yet named, make supplemental report as directed

(3) 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 Dec 27 1917  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Drord  
(9) PRESENT POSTOFFICE OF FATHER Rhums SC  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Chapin SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Sessions  
(15) PRESENT POSTOFFICE OF MOTHER Rhums SC  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Chapin SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. W. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medwife Rhums

Given name added from a supplemental report

(26) Witness H. W. Williams (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 2 1917 (28) G. L. Ellis 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.

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, of Columbia.