

## (1) PLACE OF BIRTH

County DraytonTownship of DraytonInc. Town of DraytonCity of Drayton

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

Registration District 4048Registered No. 30258  
(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(4) Type of Birth <u>To be answered only in event of Twin or Triple</u>	(3) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 17, 1923</u>
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## FATHER.

(1) FULL NAME James D. mean(2) PRESENT POSTOFFICE OF FATHER Drayton, S.C.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill op.(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Moore(16) PRESENT POSTOFFICE OF MOTHER Drayton, S.C.(18) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 23 (Years)(19) BIRTHPLACE S.C.(21) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P.M. on the date above stated.(23) (Signature) M. J. Gam(24) State whether Physician or Midwife Physician (25) Address of Phys. Drayton, S.C.

(Given name added from a supplemental report)

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

(27) Filed Oct. 3, 1923 (28) Mrs. C. F. Parker 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.

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