

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

File No.—For State Registrar Only
87557

PLACE OF BIRTH
County of *Spartanburg*
Township of *Woodruff*
or
City of

Registration District No. *4009* Registered No. *153*
(For use of Local Registrar)

St.; Ward)
(No. instead of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child *Massie Drummond*
BIRTH (Name of Month) (Day) (Year) *Nov 23 1916*

(3) BOY OR GIRL? *Girl*
(4) Twin or Triplet? *No*
To be answered only in event of Twins or Triplets

FATHER.
(8) FULL NAME *Miles Drummond*

(9) PRESENT POSTOFFICE OF FATHER *Woodruff R 5*

(10) COLOR OR RACE *Col*
(11) AGE AT LAST BIRTHDAY (Years) *33*

(12) BIRTHPLACE *Spartanburg Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Fessie Belle Drummond*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff SCS*

(16) COLOR OR RACE *Col*
(17) AGE AT LAST BIRTHDAY (Years) *26*

(18) BIRTHPLACE *Spartanburg Co*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was *Alive* at *7 A.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)

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

(23) (Signature) *Massie*
(24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report
(25) Address of Physician or Midwife *Woodruff SCS*

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *W. B. Boyter*

(27) Filed *11/24/16* (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.

For State Registrar Only
587

d No. *126*
Local Registrar)

number.) Ward)

yet named, make report as directed

3 19 *16*
(Day) (Year)

26

26

26

26

26

26

26

26

26

26

26