

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41835

Registration District No. 1402

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

Ben Drayton

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 1, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ben Drayton

(9) PRESENT POSTOFFICE OF FATHER

Columbia St.

(10) COLOR OR RACE

1 - no

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Col Co St.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Rutledge

(15) PRESENT POSTOFFICE OF MOTHER

White Oak St.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

16  
(Years)

(18) BIRTHPLACE

Col Co St.

(19) OCCUPATION

Housewife

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

1 - one

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

1 - one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 7, 22

(28)

B. G. Huggins

(29)

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN PLACING THIS UNFOLDING FILE IN A PERMANENT RECORD, BE SURE TO WRITE IN THE SPACE PROVIDED FOR THE NAME OF THE CHILD, AND MARK THE 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.

BOARD OF REGISTRATION, COLUMBIA, S. C.