

Form No. 3

(1) PLACE OF BIRTH

County of Aiken, S.C.
 Township of Slippery Hollow
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For this Registering

95

Registration District No. 212... Registered No. 97...
 (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 Nathaniel Drayton If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Triplet (5) Number in order of birth (6) Age of Mother 20 (7) DATE OF BIRTH Jan 1, 1923
 To be covered only in case of Triplet or Twin (8) (9) (10) (11) (12)

FATHER. MOTHER.
 (13) FULL NAME Arthur Hill (14) NAME BEFORE MARRIAGE Mary Drayton
 (15) PRESENT RESIDENCE OF FATHER Lawrence (16) PRESENT RESIDENCE OF MOTHER Hawthorne
 (17) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (17) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Aiken Co (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION Farmer (19) OCCUPATION House woman
 (20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Johnson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hawthorne

Given name added from a supplemental report

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

(27) Filed 1/8 1923. (28) S. J. Owens 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.

U. S. — 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 4

McCraw of Columbia, Columbia, S. C.