

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

22-049472

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
or
City of Columbia, S. C.
(If birth occurs in a hospital or other institution, give name of same; instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

FILE No.—For State Registrar Only

1871

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Luther Drawdy, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Sept. 1, 1922
(Month, day, year)

9. Full name FATHER
Luther Drawdy

18. Name before marriage MOTHER
Lizzie Brazzell

10. Residence (mailing address) Columbia, SC.
(If non-resident, give place and State)

19. Residence (mailing address) Columbia, SC.
(If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 17 (years)

20. Color or race White 21. Age at child's birth 16 (years)

13. Birthplace (city or place) Columbia, S. C.
(State or country)

22. Birthplace (city or place) Richland County
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Duck Mill

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Mill

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Duck Mill

16. Date (month and year last) engaged in this work 19

25. Date (month and year) last engaged in this work 19

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn.....

28. If stillborn, { months weeks } 29. Cause of stillbirth..... { Before labor..... During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at.....m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Luther Drawdy, Parent
or....., Guardian

Given name added from.....
a supplementary report.....
(Date of).....

Address.....

Filed Sept. 9, 1922 M. B. Woodward, M.D.

Registrar.

Asst. State Registrar.