

Form No. 1

## (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

17491

Registration District No. 1726

Registered No. 11

(For use of Local Registrar)

## (2) Full Name of Child

James Allen Driggers

3) BOY OR GIRL

Boy

4) Twin or Triplet

X

5) Number in order of birth

1

6) Are Parents Married

yes

BIRTH

June 26, 23

## FATHER.

8) FULL NAME

Jim Driggers

9) PRESENT POSTOFFICE OF FATHER

Summerville S.C.

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

49

12) BIRTHPLACE

Worcester Co

13) OCCUPATION

Farmer

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

Seven 7

## MOTHER.

14) NAME BEFORE MARRIAGE

Julia Windon

15) PRESENT POSTOFFICE OF MOTHER

Summerville S.C.

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY

26

18) BIRTHPLACE

Worcester Co

19) OCCUPATION

Housewife

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

Six 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was James Allen Driggers at 5:38 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah White

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife

midwife Summerville S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

July 2, 1923

(28)

R. H. Boyle

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.