

(1) PLACE OF BIRTH

County of ColletonTownship of Blake

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1402No. 38483Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Paul Drayton If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Type Full (5) Number in 1 (6) Age 1 (7) DATE OF Sept 5 - 23
To be completed in case of Twin or Triplets

FATHER. MOTHER.

(8) FULL NAME Sam Drayton (10) NAME BEFORE MARRIAGE Julie Gadsden(9) PRESENT RESIDENCE OF FATHER White Hall St (11) PRESENT RESIDENCE OF MOTHER White Hall St(12) COLOR White (13) AGE AT LAST BIRTHDAY 40 (14) COLOR White (15) AGE AT LAST BIRTHDAY 28(16) BIRTHPLACE Col 60 St (17) BIRTHPLACE Col 60 St(18) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 13 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 a.m. on the date above stated. (Born alive or stillborn) (Age A. M. or P. M.)(23) (Signature) Brenda Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife White Hall St

Given name added from a supplemental report

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

(27) Filed Sept 25 - 23 (28) B. G. Higgins

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

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 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.