

(1) PLACE OF BIRTH

County of Hampton
 Township of Lab. to
 or
 Inc. Town of Scotia
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42913

Registration District No. 2401 Registered No. 116
 (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 Lilly Bell Draughton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Draughton(9) PRESENT POSTOFFICE OF FATHER Scotia(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ala. Hall(15) PRESENT POSTOFFICE OF MOTHER Scotia(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm Labourer(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 Born alive at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Christa Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scotia SC

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12/15/22 (28) W. P. Draughton 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.