

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston  
(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

3463

Registration District No. 9.A Registered No. 316

(For use of Local Registrar)

(No.  Ashley River  Mullis Add Day SL: Ward)

(2) Full Name of Child

Dorothy If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet? L (5) Number in order of birth L (6) Are Parents Married? yes (7) DATE OF BIRTH Feb-10-32  
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry Murphree Drandy  
(9) PRESENT POSTOFFICE OF FATHER 250 N. 1st St. Charleston S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Baker  
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Rabb-  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:55 P.M. on the date above stated. (Boy's or Girl's) (Hour A. M. or P. M.)

(23) (Signature) J. J. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 248 Calhoun St.

Given name added from a supplemental report

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

(27) Filed 2/11/32 Registrar J. J. [Signature]

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.

MAKING ERRORS IN FILLING IN THIS FORM IS ILLEGAL. ANY PERSON WHOSE NAME IS PREPARED TO BE PRINTED HEREON SHALL BE HELD RESPONSIBLE FOR ANY SUCH ERRORS. PRINTED IN U.S.A. REGISTERED IN U.S.A. PATENT OFFICE, WASHINGTON, D.C. REGISTERED IN U.S.A. PATENT OFFICE, WASHINGTON, D.C.