

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

MCCAM OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Marlboro,.....  
 Township of Smithville,...  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

73958

Registration District No. 80... Registered No. 80.....  
 (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 Lee Driggers,

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

(3) BOY OR GIRL? <u>girl</u> ,	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July, 28/1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME B.B. Driggers,(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C.(10) COLOR OR RACE White, (11) AGE AT LAST BIRTHDAY 26.....  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming,(20) Number of children born to mother, including present birth { 6.....

## MOTHER.

(14) NAME BEFORE MARRIAGE Wilmer Driggers,(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 25.....  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work,(21) Number of children of this mother now living, including present birth { 5.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive..... at 11 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elisabeth Green,(24) State whether Physician or Midwife Midwife,(25) Address of Physician or Midwife Kellock, 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 AUG. 1/1916 (28) W. H. Priest  
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.