

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
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

Registration District No. 22 A

File No.—For State Registrar Only

1085Registered No. 40

(For use of Local Registrar)

St.; 5 Ward

2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Harry Drummond(9) PRESENT POSTOFFICE OF FATHER Leity(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Labourer(14) Number of children born to mother, including present birth 7 Boys

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Austin(15) PRESENT POSTOFFICE OF MOTHER Leity(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Washwoman(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theresa Austin Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by Mark)(27) Filed Feb 11 1916. (28) C. Smith
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.

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