

Form No. 1.

(1) PLACE OF BIRTH

County of Aiken

Township of Sleepy Hollow

or Inc. Town of

City of

(No. of 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

47865

Registration District No. 717 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

Ernest C. Drayton Jr

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 6

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Drayton

(9) PRESENT POSTOFFICE OF FATHER

Jackson

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

DC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Hall

(15) PRESENT POSTOFFICE OF MOTHER

Jackson

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

DC

(19) OCCUPATION

Labor

(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 alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Francis W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Jackson

Given name added from a supplemental report

191...

(26) Witness

W. DeBenedictis

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

(27) Filed

1/10

1916

(28) W. DeBenedictis
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.

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.
McCaw, of Columbia.