

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

File No.—For State Registrar Only  
**32462**

**(1) PLACE OF BIRTH**

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of.....  
 or  
 City of .....

Registration District No. 41081 Registered No. 86  
 (For use of Local Registrar)

(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** Asa Zelee Drayton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 2 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Joe Drayton  
 (9) PRESENT POSTOFFICE OF FATHER Darzell S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Labor  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Ellerbe  
 (15) PRESENT POSTOFFICE OF MOTHER Darzell S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was.... alive..... at 7 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Effie Anderson

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

Midwife | Darzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkette  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 12 1922 (28) J. R. Raffield  
 Registrar 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.

MARGIN RESERVED FOR BINDING.  
 WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.  
 MADE IN COLUMBIA, SOUTH CAROLINA, U. S. A.