

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Beesonville  
 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

43215

Registration District No. 2806 Registered No. 168  
 (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 Born Alice Drakeford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16, 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Orange Fisher  
 (9) PRESENT POSTOFFICE OF FATHER Heath Springs, S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 47  
 (12) BIRTHPLACE Darlington Co  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Fisher  
 (15) PRESENT POSTOFFICE OF MOTHER Heath Springs, S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE Darlington Co  
 (19) OCCUPATION House T Farmer  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Born x Drakeford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Heath Springs, 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 Dec 19, 1922 (28) E. F. Hammond  
 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.