

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.

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Sinter

or

Inc. TOWN of

or

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

File No.—For State Registrar Only

36257

Registration District No. 28.01 Registered No. 2.0

(For use of Local Registrar)

(2) Full Name of Child Mathias Drandy 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 24 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Drandy(9) PRESENT POSTOFFICE OF FATHER Carlisle SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Richland Co SC(13) OCCUPATION Learning(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Viola Marks(15) PRESENT POSTOFFICE OF MOTHER Carlisle SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Richland Co SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lizzie Henry(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Carlisle SC

Given name added from a supplemental report

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

(27) Filed July 30 1921 (28) A. B. C. Hest 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.