

(1) PLACE OF BIRTH *Abbeville # 6*

County of *McCormick*

Township of *Indian Hill*

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

**71058**

Registration District No. *111* Registered No. *96*  
(For use of Local Registrar)

(2) Full Name of Child. *Margaret Annner Drenner* 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 *Aug 15 1916*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Forster Drenner*

(9) PRESENT POSTOFFICE OF FATHER *Tray S C*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE *Abbeville*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *1*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Lillie Jackson*

(15) PRESENT POSTOFFICE OF MOTHER *Tray S C*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *Abbeville*

(19) OCCUPATION *House Wife*

(21) Number of children of this mother now living, including present birth *1*

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

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. L. W. Sheppard*

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

*Physician Tray S C*

Given name added from a supplemental report

(26) Witness *W. R. Long*  
(Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....  
.....  
Registrar

(27) Filed *Aug 24 1916* (28) *Senn L. Long*  
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. WRITE FULLY WHEN UNFOLDING THIS FORM TO A PERMANENT RECORD. N.B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCraw, of Columbia.