FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
4541

(1) PLACE OF BIRTH
County of Lexington
Township of Saluda
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.)

Registration District No. 3111 Registered No. 10 (For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) **Full Name of Child** Eliol Franklin Dreher 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 — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb (Name of Month) 24 (Day), 1915 (Year)

FATHER.

(8) FULL NAME John Dreher
(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.
(10) COLOR OR RACE Black
(11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Lexington Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Benjenia Suber
(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Lexington Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.30 P.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Dreher
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Chapin S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness Ezie McCraw (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 27 1915 (28) Sidney C. McCraw 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.

McCaw, of Columbia.

MARGIN RESERVED FOR BINDING.
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.