

## (1) PLACE OF BIRTH

County of AndersonTownship of Marstonor  
Inc. Town of  
orCity of ..... (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 Etherton Drake

(If child is not yet named, make supplemental report as directed)

(3) BOY OR

(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH May 21 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME George Drake(9) PRESENT  
POSTOFFICE  
OF FATHER Belton(10) COLOR  
OR  
RACE Abol (11) AGE AT LAST  
BIRTHDAY 23  
(Years)(12) BIRTHPLACE S. C.

(13) OCCUPATION

Farming(14) Number of children born to  
mother, including present birth 1 3

## MOTHER

(14) NAME BEFORE  
MARRIAGE Irene Walker(15) PRESENT  
POSTOFFICE  
OF MOTHER Belton(16) COLOR  
OR  
RACE Abol (17) AGE AT LAST  
BIRTHDAY 21  
(Years)(18) BIRTHPLACE S. C.

(19) OCCUPATION

Housewife(20) Number of children of this mother  
now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alone at 4 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lemona A. Sims

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

Midwife Belton S. C. R. 5Given name added from a supplement-  
al report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)June 10 1922 (27) R. P. Robinson  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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before the fifth month of pregnancy.