

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17555

Registered No. 1910  
(For use of Local Registrar)

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

William Harry Drake

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

(6) Are Parents Married

(7) DATE OF BIRTH

April 21 1910  
(Month of Birth) (Day) (Year)

## FATHER

(8) FULL NAME

Albert Herman Aris

(9) PRESENT POSTOFFICE OF FATHER

Piedmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

100

## MOTHER

(14) NAME BEFORE MARRIAGE

Nella Grace Shady

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

03

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 22 1910  
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.