

## (1) PLACE OF BIRTH

County of SummervilleTownship of Asheville

Inc. Town of .....

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

42662

Registration District No. 2263 Registered No. 60  
(For use of Local Registrar)(2) Full Name of Child Pearl Drassey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 8 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Mr Drassey(9) PRESENT POSTOFFICE OF FATHER my creek SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Chapman(15) PRESENT POSTOFFICE OF MOTHER my creek(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:14 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Stoddard(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Wagon SC

Given name added from a supplemental report

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

(27) Filed Dec 18 22 (28) W. A. Ross 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.

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