

MARGIN RESERVED FOR INDEXING.
 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
 City of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Clevelandor
Inc. Town ofor
City of

Registration District No. 2203 Registered No. 3
 (For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1920

(2) Full Name of Child Cedric Drake

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parent Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 22, 1920</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Cleveland Drake</u>	(14) NAME BEFORE MARRIAGE <u>Ora Hunt</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>River Falls SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>River Falls SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1-30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harrison Jones
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife River Falls SC

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

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

(27) Filed Feb 5 1920 (28) Ralph Harrison
 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.