

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
 one 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 of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cedric Drake(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
Parent
Married?(7) DATE OF
BIRTH Jan. 22, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME William Cleveland Drake(9) PRESENT
POSTOFFICE
OF FATHER River Falls SC(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 26
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Ora Hunt(15) PRESENT
POSTOFFICE
OF MOTHER River Falls SC(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 27
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother
now living, including present birth 2

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. Harrison Jones (Hour A. M. or P. M.)
(Born alive or stillborn)(23) (Signature) Harrison Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife River Falls SCGiven name added from a supplement
report

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Registrar

(26) Witness W C Drake
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 5 1916 (28) Ralph J 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1916

Registration District No. 2203 Registered No. 3

(For use of Local Registrar)

St.: Ward)