(1) PLACE OF BIRTH

County of Sexington

Township of "

or

Inc. Town of

or

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 44680

Registration District No. 3109 Registered No. 30 (For use of Local Registrar)

(No. ..... St.) ..... Ward)

(2) Full Name of Child Marina Gertrude Drake (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
girl	To be answered only in event of Twins or Triplets		yes	Oct 22 1925 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Curley Drake	(14) NAME BEFORE MARRIAGE Carry Franklin
(9) PRESENT POSTOFFICE OF FATHER Lexington	(15) PRESENT POSTOFFICE OF MOTHER Lexington
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE SC
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Essa Franklin

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Sexington SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar 9 1925 (28) Mrs C.E. Taylor
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.

WHITE 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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
Modern of Columbia, Columbia, S. C.