

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

38470

Registration District No. 38 Registered No. 184
 (For use of Local Registrar)

(No. 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 Claude Bassom Drake (If not named, make supplemental report as directed)

1. BOY OR GIRL

boy

4. Twin or Triplet?

6. Number in order of birth

6

(5) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 31, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

W B Drake

9. PRESENT POSTOFFICE OF FATHER

Wayne SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41
(Years)

12. BIRTHPLACE

Anderson County

13. OCCUPATION

Brook Keeper

20. Number of children born to mother, including present birth

1.5

MOTHER.

(14) NAME BEFORE MARRIAGE

Clarence Ferry

(15) PRESENT POSTOFFICE OF MOTHER

Wayne SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

Greenville County

(19) OCCUPATION

Domestic

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

1.0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

Sup. Report
M. B. Edwards
5/11/43
 Registrar

(26) Witness

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

(27) Filed

Yes
5/24/43
 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.