

Form No 1.

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of Cherokee

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

Department of Vital Statistics

State Capital, Columbia

Division of Birth Statistics

Registration District No. 1A

File No. — For State Registrar Only

48565Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Caroline Keitt Drake

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

(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Mother) (Place) (Date)

FATHER.

(8) FULL NAME

Major Keitt Drake

(9) PRESENT POSTOFFICE OF FATHER

Cherokee, S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Cherokee Township

(13) OCCUPATION

Common Laborer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sylvia Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee, S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Cherokee Township

(19) OCCUPATION

Laundress, S.C.

(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 born alive on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. A. Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwifeCherokee, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb 10 1916 (28) J. E. Anderson Legal Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns between the fifth month of pregnancy.

REMARKS: CHILD BORN ALIVE. WHEN REPORTING INFORMATION IS A SUPPLEMENTAL REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD OF COLUMBIA.