

17, 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.

(1) PLACE OF BIRTH

County of Darlington

Township of Phenix Creek

or

Inc. Town of

or

City of

(No. St.; Ward)
(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

17921-Vol. 21

Registration District No. 901

Registered No. 718

(For use of Local Registrar)

(2) Full Name of Child Oliver E. Drake

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 20, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Julius E. Drake</u>			14. NAME BEFORE MARRIAGE <u>Mamie E. Cumber</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Wt Phosant SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Wt Phosant SC</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>22</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12. BIRTHPLACE <u>Griffin Ga</u>			18. BIRTHPLACE <u>Wt Phosant SC</u>	
13. OCCUPATION <u>Carpenter</u>			19. OCCUPATION <u>House wife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:45 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Brown

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wt Phosant SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mark")

(27) Filed June 27, 1922

(28)

Local Registrar

*When there was no attending physician or midwife, when 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.

17, B.

When there was no attending physician or midwife, when 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.