

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

## State Board of Health

6924

(2) Full Name of Child. Allen Frank Drayson

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

(Name of Month) (Day) Year

# MOTHER

ORE *Lillis Bergen Fauler*

Part Terminal Se

(17) AGE AT LAST BIRTHDAY 32  
(Years)

PLACE m.c.

OCCUPATION  
Housewife

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

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

Charleston S.C.

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

(27) Filed July 10, 1942 (28) C. F. Myers  
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.

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