

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston
(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

25125

1187

Registration District No. 9 Registered No. 1187
(For use of Local Registrar)
St.; Ward)

2) Full Name of Child. Baby Dean { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Aug. 16th 1912
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Robert Dean

(9) PRESENT POSTOFFICE OF FATHER Chas^h

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 49
(Years)

(12) BIRTHPLACE Chas^h

(13) OCCUPATION Labour

(14) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Harriet Hastings

(15) PRESENT POSTOFFICE OF MOTHER Chas^h

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE Chas^h

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M.) or (P.M.)

(22) (Signature) J. G. Green
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Robert Hospital

Given name added from a supplemental report

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

(26) Filed 8/23/12 (27) 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.