

(1) PLACE OF BIRTH

County of

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 Register Only

41267

Registration District No. 9 A Registered No. 1912

(For use of Local Registrar)

St. 7 Ward 2

2) Full Name of Child Joseph Henry Dear, Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE BIRTH Dec 13, 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Henry Dear

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Brown Co, Ill.

(13) OCCUPATION Machinist

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

MOTHER.

(15) NAME BEFORE MARRIAGE Charlotte Alberta Tyrell

(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33 (Years)

(19) BIRTHPLACE Charleston S.C.

(20) OCCUPATION Wife

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

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.

affid.

(23) (Signature) Physician

(24) State whether Physician or midwife (25) Address of Physician or midwife Charleston S.C.

Given name added from a supplemental report

11/26/12 1912

(26) Witness (Signature of Witness, necessary only when question 23 is signed by mark) Green

(27) Filed 1/4/13

Registrar

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.