

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

8447

Registration District No. 3903 Registered No. 121  
 (For use of Local Registrar)

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

(2) Full Name of Child Joe DeW.

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

3. BOY OR GIRL? ☒ BOY ☐ GIRL  
 (4) Twin or Triplet? ☐ No ☒ Yes  
 To be answered only in case of Twin or Triplet  
 (5) Number in order of birth 1  
 (6) Are Parents Married? ☒ Yes ☐ No  
 (7) DATE OF BIRTH May 1, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Frank H. DeW.  
 9. PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
 (10) COLOR OR RACE ☒ White ☐ Black ☐ Other  
 (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE Alabama  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lee Perry  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda, S.C.  
 (16) COLOR OR RACE ☒ White ☐ Black ☐ Other  
 (17) AGE AT LAST BIRTHDAY 18  
 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Teacher  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) .....

(24) State whether Physician or Midwife .....

(25) Address of Physician or Midwife .....

(Give name added from a supplemental report)

(26) Witness .....

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

(27) Filed May 9, 1923 (28) Marie Grant, 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.

MARGIN RESERVED FOR REMARKS.  
 WRITE PLAINLY. WITH ENGLISH INK.—THIS IS A PERMANENT RECORD.  
 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 3  
 Record of Columbia, Columbia, S. C.