

## (1) PLACE OF BIRTH

County of YorkTownship of Wichitaor  
Inc. Town of.....

City of.....

(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Erroy Dean

File No.—For State Registrar Only

3882

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1370Registered No. 6  
(For use of Local Registrar)

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

3 BOY OR GIRL? B

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married? no7 DATE OF BIRTH Jan 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Major Dean

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE col11 AGE AT LAST BIRTHDAY 25  
(Years)12 BIRTHPLACE Wichita13 OCCUPATION farmer20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Ida B. Burson15 PRESENT POSTOFFICE OF MOTHER Hortonville S.C.16 COLOR OR RACE col17 AGE AT LAST BIRTHDAY 16  
(Years)18 BIRTHPLACE Wichita19 OCCUPATION Farmer21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Burson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hortonville S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1922 (28) W. H. Burson 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.