

(1) PLACE OF BIRTH

County of AndersonTownship of Franklinor
Inc. Town ofor
City of

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

(2) Full Name of Child James(3) SEX OR GIRL? Girl (4) Twin or Triple? X (5) Number in order of birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Mar. 1 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Sherman Dean(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE M (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Cecame Co(13) OCCUPATION Eng. R.R.(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Spirey(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE M (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 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 Jarvisville, 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 Mar 1 22 (28) J. J. [Signature] 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6443

Registration District No. 38.5 Registered No. 17
(For use of Local Registrar)

(No. St.; Ward)

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

M. M.—In case of twins or triplets, use a separate blank for each child, and mark the placenta plainly. When separating ink—fill in a permanent ink, and mark the placenta plainly. When separating ink—fill in a permanent ink, and mark the placenta plainly. When separating ink—fill in a permanent ink, and mark the placenta plainly.