

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C.

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

File No.—For State Registrar Only

25159

Registration District No. 9 A Registered No. 1222
 (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 Mary Alice Deas

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

(3) SEX OR
 GIRL? girl

(4) Twin
 or Triplet? No

(5) Number in
 order of birth One

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Aug. 27th 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. A. Deas
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Bricklayer
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Fields
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

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 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 52 Ashe St.

Given name Albid from a supplement report

M. B. Woodward, M.D.

1/12/42 19 ..
 Registrar

(26) Witness

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

(27) Filed

8/30

19 ..

(28)

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.