

(1) PLACE OF BIRTH

County of **LEXINGTON**
 Township of **WILKINSON**
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. **7688**

Registration District No. **3102**

Registered No. **571**
 (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 **Merrill Deane** If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD **Male** (4) Twin or Triplet **No** (5) Number in order of birth **1** (6) DATE OF BIRTH **Feb 21 1923**
 To be answered only in event of Twin or Triplet

FATHER.
 (7) FULL NAME **Geo. Deane**

(8) PRESENT POSTOFFICE OF FATHER **Waverly**

(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **20** (Year)

(12) BIRTHPLACE **Parryville**

(13) OCCUPATION **Farmer**

(14) Number of children born to mother, including present birth **1**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Levinia Butler**

(15) PRESENT POSTOFFICE OF MOTHER **Waverly**

(16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **35** (Year)

(18) BIRTHPLACE **Lexington Co**

(19) OCCUPATION **Housewife**

(21) 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 alive** (Born alive or stillborn) (Hour A. M. or P. M.) **12 noon**
 on the date above stated.

(23) (Signature) **John Deane**

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

(25) Address of Physician or Midwife **Waverly**

Given name added from a supplemental report

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

(27) SIGNATURE **John Deane** (28) **Legal 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.