

(1) PLACE OF BIRTH

County of AndersonTownship of "

or

Inc. Town of "

or

City of "

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71200

Registration District No. 2ARegistered No. 300

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. Jamie May Dean

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

(3) ~~Boy~~ OR GIRL?(4) ~~Twin~~ or Triplet?(5) Number in order of birth 1

(To be answered only in event of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Aug 24 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John N. Dean(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Barber(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eldora Tate(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE S.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 alive at 7 45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) V.B. Garrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Aug 30 1916

(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.

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MAJOR AMERICAN FOR BIRTHS
 PLACED, WITH DEDICATION, THIS IS A PERMANENT RECORD
 Z. B. IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND MARK ON
 FIRST-BORN, NO. 1, IN THE OTHER, NO. 2, ETC., IN QUESTION 5.
 McCraw of Columbia