

(1) PLACE OF BIRTH

County of AllenTownship of W. Beaneor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1602

File No.—For State Registrar Only

17414

Registered No. 77
(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 Deane Adell Johnson If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 7, 1927
(Month) (Day) (Year)FATHER.
(8) FULL NAME Deane Johnson
(9) PRESENT POSTOFFICE OF FATHER Allen, S.C.
(10) COLOR OR RACE Indian (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Deane Lane Jacobs
(15) PRESENT POSTOFFICE OF MOTHER Allen, S.C.
(16) COLOR OR RACE Indian (17) AGE AT LAST BIRTHDAY 39
(18) BIRTHPLACE S.C.
(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 Deane at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) June Forester (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allen, 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 June 7, 1927 (28) Local Registrar J. H. Harty

*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.