

McGraw-Hill, Columbia, S. C.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. Fill OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Georgetown

Township of # 5

Inc. Town of .....

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

4226

Registration District No. 2104 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child Robert Dease

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oleiver Dease

(9) PRESENT POSTOFFICE OF FATHER Plantersville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE Georgetown Co # 5

(13) OCCUPATION Public Trust

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Vina Kinloch

(15) PRESENT POSTOFFICE OF MOTHER Plantersville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Georgetown Co # 5

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vina Kinloch

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plantersville S.C.

Given name added from a supplemental report

(26) Witness W. M. Riley  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 15, 1922 (28) G. L. Ellis  
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.