

(1) PLACE OF BIRTH

County of Indigo
 Township of Blacksville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

37202

Registration District No. 3.12 Registered No. 3.0
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Chas. Deane

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

BOY OR GIRL girl (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 31, 1922
 (Same of Month, (Day) (Year))

FATHER.

(8) FULL NAME Samuel Deane(9) PRESENT POSTOFFICE OF FATHER Indigo S.C.(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 52
 (Years)(12) BIRTHPLACE Hart Co. Ga.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Ashworth(15) PRESENT POSTOFFICE OF MOTHER Indigo S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. M. Chasney
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

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

(27) Filed Dec. 10, 1922 (28) J. H. M. Chasney
 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.