

(1) PLACE OF BIRTH

County of

Township of

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

20463

Registration District No. 34.08

Registered No. (For use of Local Registrar)

(2) Full Name of Child

Ida Dean

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 23, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jackson Dean

(9) PRESENT POSTOFFICE OF FATHER

Newberry S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

Newberry S.C.

(13) OCCUPATION

Saw Mill Laborer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Bettie Carl

(15) PRESENT POSTOFFICE OF MOTHER

Newberry S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Newberry S.C.

(19) OCCUPATION

Housework

(20) 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 born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(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 to mark)

(27) Filed

Oct 2, 1923

(28)

S. S. Cunningham 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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