

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of
orCity of Charleston No. 1 came from
(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

80525

Registration District No. 9A Registered No. 1117

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Mamie Deas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 14</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Deas(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION labor

MOTHER.

(14) NAME BEFORE MARRIAGE Birds green(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION washer(20) Number of children born to mother, including present birth 1 (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 alive at 3 O'clock PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Hudson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 92 Dundas St

Given name added from a supplemental report

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

(27) Filed 10/17/1916 (28) J. M. ... 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.

fifth month of pregnancy.
fifth month of pregnancy. reported or stillbirths before the