

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
Township of Laurens
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

43312

Registration District No. 404 Registered No. 154
(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 Mance Dean If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Dean
(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30+
(12) BIRTHPLACE.....
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Blakeley
(15) PRESENT POSTOFFICE OF MOTHER Laurens
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21+
(18) BIRTHPLACE.....
(19) OCCUPATION Housekeeper
(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 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Elmore X
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

(26) Witness R. Brown
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 27 1922 (28) L. E. Baker
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.