

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(No. 200. Spring 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 Clarence Victor Dear If child is not yet named, make supplemental report as directed.

(1) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 12, 1929

FATHER.

(8) FULL NAME

Clarence O. Dear

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Mechanic

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Eulalie Kingfield Reekley

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. W. Dear

(24) State whether: Physician or Midwife

(25) Address of Physician or Midwife

206 Grace Park Bldg.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

22

J. M. Dear Local Registrar

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.

Filing stamp

Registrar