

24

(1) PLACE OF BIRTH

County of York
 Township of York
 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
4320

Registration District No. 204 Registered No.....
 (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 Teneva Deas

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are parents married Yes (7) DATE OF BIRTH Feb 18 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Deas
 (9) PRESENT POSTOFFICE OF FATHER Lugoff S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Rachel Bracy
 (15) PRESENT POSTOFFICE OF MOTHER Lugoff S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Anderson Lugoff
 (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Lugoff

Given name added from a questionnaire and subject Wife
 Signature of Witness necessary only when question 22 is signed by mark
Nancy Bracy
Local Registrar

*When there was stillbirth, or when the child was born dead, or when the child was born alive but died within 24 hours, the physician, midwife, or other person who attended the birth should make this return. If a child is born alive but dies within 24 hours, the report is desired of stillbirths.

U. S. DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 1.