

## (1) PLACE OF BIRTH

County of Anderson  
 Township of "  
 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

28686

Registration District No. 3ARegistered No. 328  
(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 Deanna Pearl (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl? girl (4) Twins or Triplets? 2 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John H. Dean  
 (9) PRESENT POSTOFFICE OF FATHER Anderson  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION laborer  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Eldora Tate  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Ga  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Tucker  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness T. B. CRAYTON,  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 19 (28) ANDERSON, S.C.  
 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.

before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. IN CASE OF DYING OR ORPHANS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MECAV OF COLUMBIA, COLUMBIA, S. C.