

(1) PLACE OF BIRTH

County of BladenTownship of Johnsonor
Inc. Town ofor
City of

(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

22205

Registration District No. 2018 Registered No. 19

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Deanna { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Deanna(9) PRESENT POSTOFFICE OF FATHER Johns Mill(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Armen Person(15) PRESENT POSTOFFICE OF MOTHER Johns Mill(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. J. Hadden(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johns Mill SC

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 191..... (28) W. G. Gaddy 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.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.