

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

42811

Registration District No. 2201

Registered No. 24

(For use of Local Registrar)

(No.

St.

Ward

(2) Full Name of Child Alice Lula Deal

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

3. BOY OR GIRL?

Girl

4. Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 8, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Gavin Deal

(9) PRESENT POSTOFFICE OF FATHER

Bradley

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

24

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Clifford Colman

(15) PRESENT POSTOFFICE OF MOTHER

Bradley SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

14

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farmer Wife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at M., on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

O. J. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

Jan 4, 22

(28)

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.