

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter  
Township of Hickory  
OF  
Inc. Town of.....  
OF  
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

22 050235

Registration District No. 1603 Registered No. 185  
(For use of Local Registrar)

(No. .... 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 James Beaton Dean If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1922  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Beaton Dean</u>	(14) NAME BEFORE MARRIAGE <u>Maudie M. Dean</u>		(14) NAME BEFORE MARRIAGE <u>Maudie M. Dean</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fork SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fork SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Fork SC</u>		
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) F. L. Marlin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S. C.

Given name added from a supplemental report

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

(27) Filed Dec 14 1922 7.7. 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.