CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 6854

(1) PLACE OF BIRTH
County of Charleston
Township of .....
or
Inc. Town of .....
or
City of Charleston S.C. (No. 35 Franklin St. St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 469 (For use of Local Registrar)

(2) Full Name of Child. Mattie Dean } If child is not yet named, make supplemental report as directed

(3) GIRL? | (4) Twin? | (5) Number in order of birth 2nd | (6) Are Parents Married? yes | (7) DATE OF BIRTH Mar. 20 1922 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Dean
(9) PRESENT POSTOFFICE OF FATHER 35 Franklin Charleston S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE James Island S.C.
(13) OCCUPATION Butler
(20) Number of children born to mother, including present birth } four

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Gibbs
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Wadmalaw Island S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth } four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. (Born alive or stillborn), (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Olin O. Chamberlain
(24) State whether Physician or Midwife MD
(25) Address of Physician or Midwife Chas. S.C.

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 3/28 1922 (28) J. Moncrief Grace M.D.
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.

McCaw, of Columbia. FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in Parentheses.

Registrar. Filed 3/28 19 22 Corrected NOV 20 19..