

Form No. 1

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Beaumont
 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

41865

Registration District No. 33.7 Registered No. 6
 (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 Gertrude Louise Dean (If child is not yet named, make supplemental report as directed)

(3) Sex Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 10 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. L. Dean
 (9) PRESENT POSTOFFICE OF FATHER Blacksburg
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Ark
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mar Ford
 (15) PRESENT POSTOFFICE OF MOTHER Blacksburg
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16
 (18) BIRTHPLACE Ark
 (19) OCCUPATION HW
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Babe at 12:00
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. E. R. May
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

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

(26) Filed Oct 17 23 (27) J. H. Evans 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 questions 2 and 3, give the column.