

## (1) TRACE OF BIRTH

County of Richland S.C.

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Township of .....

Inc. Town of OlneyCity of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 31 BRegistering No. 112

(For use of Local Registrar)

Ward

(2) Full Name of Child Ben Tillman Deane

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

(1) BOY OR GIRL? Boy (2) Twin or Triplet? X (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH March 19 1923  
 (Name of Month) (Day) (Year)

FATHER  
 (6) FULL NAME Ben Tillman Deane  
 (7) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 32 (Years)  
 (10) BIRTHPLACE Sumter S.C.  
 (11) OCCUPATION Teacher  
 (12) Number of children born to mother, including present birth 1...7

MOTHER  
 (13) NAME BEFORE MARRIAGE Beta Deane  
 (14) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 27 (Years)  
 (17) BIRTHPLACE Sumter S.C.  
 (18) OCCUPATION H.V.  
 (19) Number of children of this mother now living, including present birth 1...3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive as 430 a.m. on the date above stated. (Born alive or stillborn) (Hour (A.M. or P.M.))(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 2412 Preston St

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed May 16 1923 (28) A. J. Swan 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.

before the sixth month of pregnancy.

FIRST-DOE N. No. 1. THIS OTHER, No. 2. etc. In question 1

City of Columbia