

## (1) PLACE OF BIRTH

County of DurhamTownship of Clintonor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Hughman Dean If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Dean(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Kershaw S.C.(13) OCCUPATION Wine Merchant(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Stella Hardin(15) PRESENT POSTOFFICE OF MOTHER Clinton(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Julia L. Gabor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Clinton 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 Feb 14 1916 (28) John B. Hirsch 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.

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