

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 5.

(1) PLACE OF BIRTH

County of Aiken
Township of Greenville
OR
Inc. Town of Greenville
OR
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17328

Registration District No. 2-B

Registered No. 17
(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 Elizabeth Katharine Dean If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Andrew Dean</u>	(14) NAME BEFORE MARRIAGE <u>Lva Sarah Morris</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Greenville, S.C.</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(19) OCCUPATION <u>Domestic</u>	
(12) BIRTHPLACE <u>Ga.</u>	(13) OCCUPATION <u>Mill Worker</u>		
(20) Number of children born to mother, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. C. Branch, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, 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 July 7, 1922 (28) Local Registrar W. H. Turnbull, Jr.

*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.

Registrar

Local Registrar

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