

(1) PLACE OF BIRTH

County of Green lb

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

File No. — For State Registrar Only

4086

Township of Indian Hillor Town of GreenmillCity of Greenmill

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

Registration District No. 2209BRegistered No. 55-

(For use of Local Registrar)

(2) Full Name of Child

Dewey Anthony Stansell

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

(3) BOY OR GIRL boy(4) Twin or Triplet X(5) Number in order of birth X(6) Are Parents Married yes(7) DATE OF BIRTH Feb 1 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dewey Anthony Stansell(9) PRESENT POSTOFFICE OF FATHER Greenmill S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 21(12) BIRTHPLACE Pickens S.C.(13) OCCUPATION Textile(14) Number of children born to mother, including present birth (1)

MOTHER.

(15) NAME BEFORE MARRIAGE Louise Bernice Pickens(16) PRESENT POSTOFFICE OF MOTHER Greenmill S.C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 17(19) BIRTHPLACE Pickens S.C.(20) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 10:35 P.M. on the date above stated. (If stillborn, mark Hour A. M. or P. M.)

(23) (Signature) Dr. B. L. Lott(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenmill S.C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mark")

(27) Filed Feb 6 1923Local Registrar Thos May

*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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