

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21115

Registration District No. 22ARegistered No. 394

(For use of Local Registrar)

(2) Full Name of Child William Fannie Dease

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

(1) BOY OR GIRL? Boy(4) Twin or Triplet? Yes(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH July 28th 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

D. W. Dease

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Dr. Physician(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE

Anna White

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE

Greenville, S. C.

(19) OCCUPATION

Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (M. or P. M.) on the date above stated.(23) (Signature) Chas. Bates

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Aug. 6, 1923

(28)

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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