

Form No. 1

## (1) PLACE OF BIRTH

County of McCamish  
 Township of Mt. Carmel  
 of  
 Inc. Town of  
 of  
 City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7745

Registration District No. 4405Registered No. ....  
(For use of Local Registrar)

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

(2) Full Name of Child William Samuel Dean If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) DATE OF BIRTH 3-18-23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME John Dean  
 9) PRESENT POSTOFFICE OF FATHER Mt. Carmel  
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 26  
 12) BIRTHPLACE Asheville Co  
 13) OCCUPATION Farm hand  
 20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Maie Holmes  
 15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel  
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 30  
 18) BIRTHPLACE Asheville Co  
 19) OCCUPATION Farm hand  
 21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Shank Jones

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

(27) Filed 3-27-23

(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.