

(1) PLACE OF BIRTH

County of Charleston
 Township of 11
 or
 Inc. Town of 11
 or
 City of 11

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17811

Registration District No. 9HRegistered No. 778
 (For use of Local Registrar)St.; 30 Spring Ward

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

(2) Full Name of Child

3. BOY OR GIRL Girl 4. Twin or Triplet? No
 To be answered only in event of Twins or Triplets

5. Are Parents Married? Yes7. DATE OF BIRTH May 25 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Robert Hadden Deel9. PRESENT POSTOFFICE OF FATHER City10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 32
 (Years)12. BIRTHPLACE City13. OCCUPATION Musician14. Number of children born to mother, including present birth 5MOTHER.
 (14) NAME BEFORE MARRIAGE Mrs. M. Deel(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE White(17) BIRTHPLACE City(18) OCCUPATION Wife(19) AGE AT LAST BIRTHDAY 33
 (Years)(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 4:40 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leighton H. Hatcher
 (24) State South Carolina (25) Address of Physician or Midwife 87 Locust Street, Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. H. Hatcher

(27) Filed 6/6 19 22 (28) Local Registrar W. H. Hatcher

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