

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
3305

Registration District No. 800 Registered No. 20
 (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 Annice Mae Deas
 (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL girl 4. Twin or Triplet? - 5. Number in order of birth - 6. Are Parents Married? yes 7. DATE OF BIRTH Jan 15, 1922
 (Time of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME George Washington Deas
 9. PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 33 (Years)
 12. BIRTHPLACE South Carolina
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Dellie Watson
 15. PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 34 (Years)
 18. BIRTHPLACE Bishopville, S.C.
 19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 6 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)
Thos. R. Gandy M.D.

(23) (Signature) Thos. R. Gandy M.D. (24) State whether Physician (25) Address of Physician or Midwife St. Matthews, 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 3/10 19 22 (28) A.R. Able 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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