

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		27540	
Township of <u>Edisto Island</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>902</u>		Registered No. <u>47</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mikey Deas</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 1922</u>	(8) (Month) (Day) (Year)
FATHER			MOTHER		
(9) FULL NAME <u>Mikey Deas</u>			(10) NAME BEFORE MARRIAGE <u>Celia Rivers</u>		
(11) PRESENT POSTOFFICE OF FATHER <u>Edisto Isld. S.C.</u>			(12) PRESENT POSTOFFICE OF MOTHER <u>Edisto Isld.</u>		
(13) COLOR OR RACE <u>Negro</u>			(14) COLOR OR RACE <u>Negro</u>		
(15) AGE AT LAST BIRTHDAY <u>46</u>			(16) AGE AT LAST BIRTHDAY <u>35</u>		
(17) BIRTHPLACE <u>Edisto Isld.</u>			(18) BIRTHPLACE <u>Edisto Isld. S.C.</u>		
(19) OCCUPATION <u>Farming</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>11</u>			(22) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>Mrs. Mary Fyall</u>					
(25) State whether Physician or Midwife <u>Physician</u>					
(26) Address of Physician or Midwife <u>Edisto Isld. S.C.</u>					
Given name added from a supplemental report					
(27) Witness <u>Henry Gregory</u>					
(28) (Signature of Witness necessary only when question 23 is signed by mark)					
(29) Filed <u>Apr 20, 1922</u>					
(30) Local Registrar <u>Wm. H. Whaley</u>					

Form 10-10-22, Columbia, S. C.

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.