

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 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
43311

Registration District No. 404 Registered No. 105
 (For use of Local Registrar)

City of (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 Mary Cornelia Dean { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 23, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emanuel Dean
 (9) PRESENT POSTOFFICE OF FATHER Laurens, S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40+
 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Cleo Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Laurens
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25+
 (Year)

(18) BIRTHPLACE

(19) OCCUPATION

Housekeeper(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 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Elmore
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens, S. C. R. 3

Given name added from a supplemental report

(26) Witness R. Brown
 (Signature of Witness necessary only when question 23 is signed by doctor)

(27) Filed Jan 1, 1923 (28) J. E. Beck
 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.

U. S. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "1" FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.