

MADE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.  
McClaw of Columbia.

(1) PLACE OF BIRTH

County of Superior  
Township of Providence

OR  
Inc. Town of  
OR  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 4105 Registered No. 1  
(For use of Local Registrar)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**92786**

(2) Full Name of Child Robert Henry Deane 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> <small>To be answered only in case of twins or triplets.</small>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 25, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Thomas Jefferson Deane

(9) PRESENT POSTOFFICE OF FATHER Congo R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44  
(Years)

(12) BIRTHPLACE Sumter County

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Emma Deane

(15) PRESENT POSTOFFICE OF MOTHER Congo R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE Sumter County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Broad  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Sumter S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Jan. 4, 1917 (28) B. McCaughy  
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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