

MARGIN RESERVED FOR BINDING.
 WRITE 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.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 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

41372

Registration District No. 9.05 Registered No. 118
 (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 Willie Deas (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 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Deas
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Brown
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (Year) (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucy Cokers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 6, 1923 (28) Mrs. J. P. Mills
 Registrar 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.

RECEIVED AT COLUMBIA, S. C.