

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52132

Registration District No. 2. D. A. Registered No. 71

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Dorothy Dallas 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

To be answered only in case of Twin or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 31, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph William Deas

(9) PRESENT POSTOFFICE OF FATHER

Florence S.S.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Florence Co. S.S.

(13) OCCUPATION

Car Repairer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Flowers

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.S.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Harry Co. S.S.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at One P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. P. Lucas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianFlorence S.S.

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 4/8 1916

(28)

M. H. Laquer
Deputy 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.

WHEN PLAINLY, WITH UNFADING INK—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 5.

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