

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeor
Inc. Town ofor
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 Heaven Elizabeth Dean

File No.—For State Registrar Only

19666

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3605 Registered No. 58
(For use of Local Registrar)(3) BOY OR GIRL Boy(4) Twin or Triplet? -
To be answered only in event of Twins or Triplets(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH May 30 1973
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Jacob Dean(9) PRESENT POSTOFFICE OF FATHER Hammonton N.J.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Orangeburg(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miriam Oestmann(15) PRESENT POSTOFFICE OF MOTHER Cameron N.J.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Orangeburg(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 AM,
(B or alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. P. Dean MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness A. R. Dean

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

(27) Filed Jan 20 1973(28) A. R. Dean 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.