(1) PLACE OF BIRTH

County of Greenwood

Township of "

or

Inc. Town of "

or

City of Greenwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34770

Registration District No. 73a

Registered No. 150

(For use of Local Registrar)

(No. 706 Mill 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 Joseph Crumpler Deary

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? \

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 15, 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph C. Deary

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Greenwood S.C.

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 1 Two

MOTHER

(14) NAME BEFORE MARRIAGE Mary Macham Drawdy

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Princeton S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.

(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Rob Morehead

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report

....., 19....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 19 22 (28) W. A. Wilson

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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Bureau of Statistics, Columbia, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make