

## (1) PLACE OF BIRTH

County of NewberryTownship of No. 1or  
Inc. Town of .....or  
City of .....

(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 HealthFile No. - For State Registrar Only  
**29455**Registration District No. 14.0.2 Registered No. 80  
(For use of Local Registrar)

(No. .... 54-1 .... Ward)

(2) Full Name of Child Eddie Hayward Deens If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Sept 6, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddie Deens(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE Saluda Co. S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Blaise Jones(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Newberry Co. S.C.(19) OCCUPATION Farm & House.(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 born alive at 12 M.,  
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) Belle Collins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness S. S. Cunningham  
(Signature of Witness necessary only when question 23 is signed by father)(27) Filed Sept 22, 1923 (28) S. S. Cunningham  
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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