

(1) PLACE OF BIRTH

County of

Newberry

Township of

#7

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

35758

Registration District No. 3410

Registered No. 79
(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.

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

(2) Full Name of Child

3. BOY OR GIRL

Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

July 9, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

W. Raymond Deater

9. PRESENT POSTOFFICE OF FATHER

Newberry

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

28
(Years)

12. BIRTHPLACE

Newberry Co.

13. OCCUPATION

Farming

14. NAME BEFORE MARRIAGE

S. Ester Nicksel

15. PRESENT POSTOFFICE OF MOTHER

Newberry

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

25
(Years)

18. BIRTHPLACE

Newberry Co.

19. OCCUPATION

House Keeping

20. 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 or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) Name whether Physician or Midwife

J. B. Deane, M.D.
Physician Prosperity, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Oct 22, 1922

(27)

W. T. Deane
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.

Before the fifth month of pregnancy