

(1) PLACE OF BIRTH

County of GreenwoodTownship of 4or
Inc. Town ofor
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 Health

File No.—For State Registrar Only

4479

Registration District No 2206 Registered No. 237 ..
(For use of Local Registrar)(2) Full Name of Child Sydney Deeks 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 ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jos. Harley Deeks(9) PRESENT POSTOFFICE OF FATHER So. Greenwood Se.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 ..
(Years)(12) BIRTHPLACE Jackson Co., N.C.(13) OCCUPATION Cotton mill Oper(14) NAME BEFORE MARRIAGE Curie Kelly(15) PRESENT POSTOFFICE OF MOTHER So. Greenwood Se.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 ..
(Years)(18) BIRTHPLACE Union Co., S.C.(19) OCCUPATION domestic(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive .. at 2:30 P.M. ..
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Symmes, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife So. Greenwood Se.

Given name added from a supplemental report

L.P.R. Symmesaffid. 11-14-22

Registrar

(26) Witness ..
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar. 10, 1922 (28) S.P. Brooks
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.

MARGIN RESERVED FOR BINDING

N. B.—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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.