

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register

3151

Registration District No. 9A

Registered No. 227

(For use of Local Registrar)

(2) Full Name of Child Felix Dean

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

(3) SEX OF CHILD Boy (4) Type or Triplet No (5) Number in order of birth No (6) Date of Birth Feb 20 1923

FATHER.  
(14) FULL NAME A. S. Dean  
(15) PRESENT RESIDENCE OF FATHER Beaufort, SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(18) BIRTHPLACE Augusta Ga.  
(19) OCCUPATION B. R. Sutchman  
(20) Number of children born to mother, including present birth One

MOTHER.  
(14) NAME BEFORE MARRIAGE Esther Ray  
(15) PRESENT RESIDENCE OF MOTHER Charleston SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE Augusta Ga.  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. C. P. [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is answered "Stillborn")  
(27) Filed 2 27 1923 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.