

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Register
3151

County of Charleston

Township of

or
Prec. Town of

or
City of Charleston

Registration District No. 9A

Registered No. 227
(For use of Local Registrar)

City of No. West 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 Felix Dean
If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Birth <u>To be covered only in case of Twins or Triplets</u>	(3) Number in order of birth	(4) Age Parents Married <u>70</u>	(5) DATE OF BIRTH <u>Feb 20 1929</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(14) NAME BEFORE MARRIAGE <u>A. S. Dean</u>		(14) NAME BEFORE MARRIAGE <u>Ethel Ray</u>		
(15) PRESENT RESIDENCE OF FATHER <u>Beaufort, SC</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Charleston, SC</u>		
(16) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(17) AGE AT LAST BIRTHDAY <u>29</u>		(17) AGE AT LAST BIRTHDAY <u>34</u>		
(18) OCCUPATION <u>Augusta Ga.</u>		(18) OCCUPATION <u>House work</u>		
(19) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from a supplemental report
.....
.....
.....
Registrar

(27) Witness
(Signature of Witness necessary only when question 23 is answered)
W. D. [Signature]
(28) Filed 7 27 1929
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.