

OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

35022

Charles T. and C.

Registration District No. 9 A Registered No. 3400
Place of Birth (No. of Hospital or other institution, give name of same instead of street and number.)
Name of Child: James Dean

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? ☒ Yes

(7) DATE OF BIRTH: Nov 24 1923
(Name of Month) (Day) (Year)

FATHER.

James Dean

Charles T. and C.

(11) AGE AT LAST BIRTHDAY: 30 (Years)

Camden S.C.

Doctor

children born to including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: George T. and B. R. R.

(15) PRESENT POSTOFFICE OF MOTHER: Charleston S.C.

(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Sumner

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature) (23) State whether Physician or Midwife (24) Address of Physician or Midwife: Charleston S.C.

Added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 11/30 1923

Registrar

was no attending physician or midwife, then the father, householder, etc., should make a report as soon as possible, but not later than the fifth month of the child's life.

Form No. 1

1. PLACE OF BIRTH

County of **Charleston**

FILE No. - For State Registrar
35022

Township of _____

State Board of Health

or
City of _____

Registration District No. **2A**

Registered No. **1500**
(For use of Local Registrar)

City of **Charleston**

(No. **Baker Sanitarium**)

Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD **Jules Dean**

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

BOY OR GIRL **Boy**

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? **Yes**

7. DATE OF BIRTH

Nov. 24th 1923

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

FULL NAME

Henry Dean

PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

S.C.

OCCUPATION

Doctor

MOTHER

14. NAME BEFORE MARRIAGE

Adele Kennedy Bowman

15. PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

22

(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife

Number of children born to mother, including present birth

21. Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was **born alive** at **4 A.M.** on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

22. Signature **A. Baker**

23. State whether Physician or Midwife

Physician

24. Address of Physician or Midwife

City

Name added from a supplemental report

25. Witness

(Signature of Witness necessary only when question 25 is signed by mother)

27. Fee **11.50.25**

10

28. **J.M. Green, M.D.**

Registrar

When there was no attending physician or midwife, then the birth should be reported as such. If a child breathes even once, it must not be reported as stillborn.