

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

28064

Registration District No. 410 Registered No. 1416

(For use of Local Registrar)

(No. 525 N. Oakland Ave. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 23, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. H. Dean

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY

31 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Electrician

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Dewhirst

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 6:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician, Sumter, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug 10, 1922

(28)

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.

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