

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

25240

Registration District No. 905 Registered No. 76
 (For use of Local Registrar)

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

(2) Full Name of Child Lester Deas

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Carnest Deas
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE Johns Island, S.C.
 (13) OCCUPATION Chauffeur
 (20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Green
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY
 (18) BIRTHPLACE Johns Island, S.C.
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Stacey Johnson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 24 1922(28) Mrs. E. H. Hills

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.