

(1) PLACE OF BIRTH

County of Richland

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

File No. — For State Registrar Only

12576

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child. Laurel Ruth Dean

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

To be answered only in event of twins or triplets

(6) Are Parents Married? yes(7) DATE BIRTH Jan. 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. A. Dean(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Auto - Sales man(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Laurel R. Carr(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Florida S.C.(19) OCCUPATION Domestic(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 at Columbia S.C. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) L. S. Durham M.D. Columbia S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of witness necessary only when question 24 is answered "Midwife")

(27) Filed 4-15-1922 (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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MICAW, of Columbia