

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of A. S. Sheville
 Township of Magnolia
 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

8998

Registration District No. 109 Registered No. 38
 (For use of Local Registrar)

(No. 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 Howard Lee Dease (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 6 1923</u> (Month of Birth) (Day) (Year)
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FATHER

(8) FULL NAME Ambrose Dease

(9) PRESENT POSTOFFICE OF FATHER Balchoun Falls Route

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE A. S. Sheville Co

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Martha M. C. Colough

(15) PRESENT POSTOFFICE OF MOTHER Balchoun Falls Route

(18) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(15) BIRTHPLACE A. S. Sheville Co

(16) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was a live at 9 PM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Gray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Balchoun Falls, 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 April 10 1923 (28) A. S. Dease 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 required of stillbirths before the fifth month of pregnancy.