

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

88482

Registration District No.

507

Registered No.

30

(For use of Local Registrar)

(2) Full Name of Child

Jessie Evelyn Deek

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

(3) ~~MALE~~
GIRL?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE

Nov 15

1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Hazel J Deek

(9) PRESENT
POSTOFFICE
OF FATHER

Hieda S C

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Barnwell

(13) OCCUPATION

Farmer

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

3

MOTHER.

(15) NAME BEFORE
MARRIAGE

Lillie May Webb

(16) PRESENT
POSTOFFICE
OF MOTHER

Hieda S. C

(17) COLOR
OR
RACE

White

(18) AGE AT LAST
BIRTHDAY

24

(Years)

(19) BIRTHPLACE

Barnwell Co

(20) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.340 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. R. Briggs, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

1916

Registrar

(26) Witness

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

(27) Filed Dec 1 1916

(28)

R. K. Kipland

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.

*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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

S. C. of Columbia