

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Barnwell*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of *Georges Creek*

State Board of Health

File No.—For State Registrar Only

88482

Inc. Town of _____

Registration District No. *507*

Registered No. *30*

(For use of Local Registrar)

City of _____

(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. *Jessie Evelyn Deek*

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

(3) BOY
 GIRL?

(4) Twin or triplet?

(5) Number in order of birth *1*

(6) Are Parents Married?

(7) DATE BIRTH

Nov 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Howel 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 Dobb

(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 *born* at *3:40 P.M.* on the date above stated. (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 supplemental report

(26) Witness _____

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

(27) Filed *Dec 1 1916*

(28) *R. K. Kirkland* 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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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 6.