

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)

(2) Full Name of Child Jean Samuel Deal (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL B

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 19, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 47
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 25
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

June 19, 22

(27)

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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38005

Registration District No. 1573Registered No. 114
(For use of Local Registrar)