

Form No. 1

1. PLACE OF BIRTH

County of Charleston

Township of _____

or
City of _____

City of Charleston

State Board of Health

Registration District No. 2A

Registered No. 1500

(For use of Local Registrar)

(No. Baker Sanitarium)

Ward

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

2. FULL NAME OF CHILD Jules Dean

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

BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

Nov. 24th 1923

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

FULL NAME

Henry Dean

PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

S.C.

OCCUPATION

Doctor

MOTHER

14. NAME BEFORE MARRIAGE

Adele Kennedy Bowman

15. PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

20

(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife

Number of children born to other, including present birth

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

22. Signature

23. State whether Physician or Midwife

Physician

24. Address of Physician or Midwife

City

Name added from a supplemental report

25. Witness

(Signature of Witness necessary only when question 25 is signed by mother)

27. Fee 11.50.25

28. J.M. Green, M.D.

Registrar

When there was no attending physician or midwife, then the birth of a child brought over once, it must not be recorded as a birth.