

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

(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

84668

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Blanche Deane

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

x

(5) Number in order of birth

x

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Nov. 19, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lennie Deane

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Cael

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

D. 16.

(13) OCCUPATION

Lab

MOTHER.

(14) NAME BEFORE MARRIAGE

Verna Deane

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Cael

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Deane Island

(19) OCCUPATION

Cook

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D. | Roper Hospital

Given name added from a supplemental report

191

(26) Witness

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

(27) Filled

J. Mercier Green

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.

Corrected: AUG 17 1920