

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackvilleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10050

Registration District No. 504Registered No. 33

(For use of Local Registrar)

(No.)

St.;

Ward)

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

(2) Full Name of Child Connel Lee Deek

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

1. BOY OR

4. Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH April 7, 1922
(Name Month Day Year)

FATHER

8. FULL NAME

Furman William Deek

(14) NAME BEFORE MARRIAGE

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Louise Hutson

9. PRESENT POSTOFFICE OF FATHER

Blackville

(15) PRESENT POSTOFFICE OF MOTHER

Blackville SC

(16) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 33
(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE

Barnwell Co

(18) BIRTHPLACE

Barnwell Co

(13) OCCUPATION

Furman

(19) OCCUPATION

Housewife

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

4

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

4

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.(Born alive or stillborn) at 8:30 M.
(Hour M. or P.M.)

(23) (Signature)

(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 male)

19 Registrar

(27) May 11, 1922(28) W. H. Hammond
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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