

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Conee  
 Township of Westminster  
 or  
 Inc. Town of.....  
 or  
 City of.....  
 (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

No. 11.—For State Registrar Only

11438

Registration District No. 7 900 Registered No. 64  
 (For use of Local Registrar)

(2) Full Name of Child

J. C. Heart

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 30, 1923  
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME Miss Heart  
 (9) PRESENT RESIDENCE OF FATHER Westminster  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Anderson County  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1 3

MOTHER.

(15) NAME BEFORE MARRIAGE Lucy Arnold  
 (16) PRESENT RESIDENCE OF MOTHER Westminster S.C.  
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21  
 (19) BIRTHPLACE Conee  
 (20) OCCUPATION Housekeeper  
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lula Earle  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

(26) Witness..... (Signature of Witness necessary only when question 23 is signed by Mark)  
 (27) Filed APR 19 1923 (28) A. P. Hart 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.