(1) PLACE OF BIRTH

County of _Sumter_

Township of _Manchester_
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.) (No: .... St.; .... Ward)

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

Registration District No. _4101_   Registered No. _20_
(For use of Local Registrar)

File No.—For State Registrar Only
91972

(2) Full Name of Child _Emma Heeler_   {If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? _Girl_ | (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 _Dec 17, 16_ (Name of Month) (Day) (Year) |

FATHER.	**MOTHER.**
(8) FULL NAME _Thomas Heeler_	(14) NAME BEFORE MARRIAGE _Sarah Griffin_
(9) PRESENT POSTOFFICE OF FATHER _Wedgefield SC_	(15) PRESENT POSTOFFICE OF MOTHER _Wedgefield SC_
(10) COLOR OR RACE _Col_ (11) AGE AT LAST BIRTHDAY _35_ (Years)	(16) COLOR OR RACE _Col_ (17) AGE AT LAST BIRTHDAY _29_ (Years)
(12) BIRTHPLACE _Clarendon Co_	(18) BIRTHPLACE _Sumter Co_
(13) OCCUPATION _Farmer_	(19) OCCUPATION _Housewife_
(20) Number of children born to mother, including present birth { _7_	(21) Number of children of this mother now living, including present birth { _5_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... _alive_ ... at _2_ P.M., on the date above stated.
(Born alive or stillborn)   (Hour A. M. or P. M.)

(23) (Signature) _Eliza Roberson_

(24) State whether Physician or Midwife _Midwife_   (25) Address of Physician or Midwife _Pinewood SC_

Given name added from a supplemental report

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

.... 19 ....
Registrar

(27) Filed _Dec 30 16_   (28) _J Marion Coulter_
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.