

1. PLACE OF BIRTH

Lancaster
Hick Creek

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

File No.—For State Registrar Only
19178

In. Date of Registration District No. **2803** Registered No. **58**
(For use of Local Registrar)

2. Full Name of Child *Steve Gordon Heflin* If child is not yet named, make supplemental report as directed

3. Sex *Boy* (1) Twin or triplet? *1* (2) Number in order of birth *1* (3) Age of Parents *40* (4) DATE OF BIRTH *June 17 1917*
(Name of Month) (Day) (Year)

FATHER.
NAME *Perry Heflin*
RESIDENCE *Punshaw SC*
COLOR *White* (10) AGE AT LAST BIRTHDAY *27* (Year)
BIRTHPLACE *Lancaster County*
OCCUPATION *Oil Mill Laborer*
Number of children born to (1)
..... present birth

MOTHER.
(14) NAME BEFORE MARRIAGE *Vina A Gordon*
(15) PRESENT POSTOFFICE OF MOTHER *Punshaw SC*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)
(18) BIRTHPLACE *Punshaw SC*
(19) OCCUPATION *Housewife*
(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21. I hereby certify that I attended the birth of this child, who was *born* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) *L. C. Nelson*
(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Physician *Punshaw SC*

Given name added from a supplemental report
..... 191.....
..... Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed *June 22 1917* (27) *L. C. Nelson* 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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