

(1) PLACE OF BIRTH

County of JasperTownship of Wesawhatchee

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43317

Registration District No. 2600 Registered No. 180

(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Anna Heroin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 5
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill Heroin(9) PRESENT POSTOFFICE OF FATHER Ridgeland, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Patsy Scott(15) PRESENT POSTOFFICE OF MOTHER Ridgeland, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 5 at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bill Heroin(24) State whether Physician or Midwife Physician Address of Physician or Midwife Wesawhatchee

Given name added from a supplemental report

(25) Witness James H. Law (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 11/8/5 (27) James H. Law 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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