

FORM NO. 5
 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 5.
 McCray, of Columbia.

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

(1) PLACE OF BIRTH
 County of Anderson
 Township of "
 or
 Inc. Town of "
 or
 City of " (No. Redmont St St.; " Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3A Registered No. 339
 (For use of Local Registrar)

File No.—For State Registrar Only
80002

(2) Full Name of Child Lawrence Heaton } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 14 1916
 (Name of Month) (Day) (Year)

FATHER:
 (8) FULL NAME Max L. Heaton
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE W (ii) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Cotton Mill
 (20) Number of children born to mother, including present birth 4

MOTHER:
 (14) NAME BEFORE MARRIAGE Vera Mayfield
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Anderson
 (19) OCCUPATION H. W.
 (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 Alive at 11 Am. on the date above stated.
 (23) (Signature) Frank A. Simons
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report _____, 191____
 Registrar

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

(27) Filed _____, 191____ (28) F. H. Clayton
 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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