

No. 1

PLACE OF BIRTH

Florence

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

FILE No.—For State Registrar Only

20962-1

City of JAMES CROSS Roads State Board of Health

Town of

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Frederick Olive Heikkila

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

BY OR

Boy

A Twin or Triplet?

B. Number in order of birth

C. Sex

Male Yes

1. DATE OF BIRTH

July 6th 1923

(Name of Month) (Day) (Year)

FULL NAME

FATHER Emil Heikkila

PRESENT POSTOFFICE OF FATHER

Manning S. C. R # 2

COLOR

RACE White

11. AGE AT LAST BIRTHDAY 41

(Years)

BIRTHPLACE

Kauhava Finland

OCCUPATION

Trail Cutter

Number of children born to mother, including present birth

Five

MOTHER

14. NAME BEFORE MARRIAGE Maria Jutila

15. PRESENT POSTOFFICE OF MOTHER Manning S. C. R #2

16. COLOR OR RACE White

17. AGE AT LAST BIRTHDAY 57

(Years)

18. BIRTHPLACE

Kauhava Finland

19. OCCUPATION

Housewife

20. Number of children of this mother born living, including present birth

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated.

(Born alive or stillborn) (Hour, A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Name added from a supplemental report

26. Witness

(Signature of Witness necessary only upon question 25 is signed by mark)

19. Registrar

27. Filed

19.

28.

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. Child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.