

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of WinborneOR  
Inc. Town of WinborneCity of Winborne(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 John B. Heap

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

(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth 4(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH April 22  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME J B Heap(9) PRESENT  
POSTOFFICE  
OF FATHER St Matthews(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 45  
(Years)(12) BIRTHPLACE St Matthews(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE  
MARRIAGE E O Jones(15) PRESENT  
POSTOFFICE  
OF MOTHER St Matthews(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 30  
(Years)(18) BIRTHPLACE St Matthews(19) OCCUPATION Housewife(20) Number of children born to  
mother, including present birth 4(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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J K Jones(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St MatthewsGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Dec 1 19 22

(28)

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. IN CASE OF TWIN OR TRIPLETS, INDICATE SEPARATE PLACES FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.