

(1) PLACE OF BIRTH

County of Pickens

Township of

or

Town of

or

of Columbia S.C.

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

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

File No.—For State Registrar Only

10087

Registration District No. 38 Registered No. 1188

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Bettie Edith Jane Weiser

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH June 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bettie Edith Jane Weiser(9) PRESENT POSTOFFICE OF FATHER 2116 Lincoln St.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Kansas(13) OCCUPATION Engraver(20) Number of children born to mother, including present birth { 1 }

MOTHER

(14) NAME BEFORE MARRIAGE Chae Romaine Lewis(15) PRESENT POSTOFFICE OF MOTHER 2116 Lincoln St.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Montrose Ill.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1301 Laurel St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed by Registrar)

(27) Filed June 24, 1922 (28) [Signature] Local Registrar

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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FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

McCauley, of Columbia.

1. PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

199.87

Township of _____

or

Inc. Town of _____

or

City of Columbia, S.C.

Registration District No. _____

Registered No. _____

(For use of Local Registrar)

1. Ward

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

2. FULL NAME OF CHILD Pattie Edith Jane Heister

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

3. BOY OR GIRL
Girl4. Twin or Triplet? No.5. Number in order of birth 1.6. Are Parents Married? Yes.

7. DATE OF BIRTH

June 19, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Ray Waldo Heister9. PRESENT POSTOFFICE OF FATHER 2116 Lincoln St.10. COLOR OR RACE W.11. AGE AT LAST BIRTHDAY 29
(Years)12. BIRTHPLACE Kansas.13. OCCUPATION Engraver.20. Number of children born to mother, including present birth { One }

MOTHER

14. NAME BEFORE MARRIAGE Maec Romaine Levitt15. PRESENT POSTOFFICE OF MOTHER 2116 Lincoln St.16. COLOR OR RACE W.17. AGE AT LAST BIRTHDAY 18
(Years)18. BIRTHPLACE Montrose, Ill.19. OCCUPATION Domestic.21. Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Clarence E. Owens24. State whether Physician or Midwife M.D.25. Address of Physician or Midwife 1305 Laurel St.

Given name added from a supplemental report

_____, 192____

Registrar

26. Witness _____

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

27. Filed _____

19____

28. _____

Local Registrar

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