

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Law
 or
 Inc. Town of.....
 or
 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 Willie's Heatherspoon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married no (7) DATE OF BIRTH June 16, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Heatherspoon
 (9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Laborer on Public Roads

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Mc Knight
 (15) PRESENT POSTOFFICE OF MOTHER Salter's Depot, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE Wm. burg co. S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 7 (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 Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Minda McClary (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Kingstree, S.C.

(Given name added from a supplemental report)

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

(27) Filed June 20, 1923 (28) AR Moreley 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.