

(1) PLACE OF BIRTH

County of CalhounTownship of Amelia

Ins. Town of

City of

(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

Registration District No. 800Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child Patsy Heart

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

(1) SEX OR GIRL?

(4) Twin or Triplet? X(5) Number in order of birth 2(6) Are Parent Married? Yes

(7) DATE BIRTH

July 28 28

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Heart(9) PRESENT POSTOFFICE OF FATHER Ft Mott S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farmer Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Heart(15) PRESENT POSTOFFICE OF MOTHER Ft Mott S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Farmer Laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was July 28 (Born alive Yes) (Hour A. M. or P. M.)(23) (Signature) Rachel W. Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. C. Woodley

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

(27) Filed July 28 1928 (28) A. R. Ables 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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