

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Incl. Town of .....

City of Charleston

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

## (2) Full Name of Child

Walter H. Heston Paul

File No.—For State Registrar Only

6869

Registered No. 485

(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

X

(5) Number in order of birth

X

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

March 2nd 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

John Heston Paul

(9) PRESENT POSTOFFICE OF FATHER

41 East Mallory, Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Automobile Dealer

(20) Number of children born to mother, including present birth

Four

## MOTHER

(14) NAME BEFORE MARRIAGE

Katherine Heston

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Walterburg, S.C.

(19) OCCUPATION

Wife

(21) Number of children of this mother now living, including present birth

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State of Mother

South Carolina

Given name added from a supplemental report

1/23/24..... 19.....  
Registrar

(25) Witness

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

(27) Filed

3191922

(26)

J. Mercer, Jr. M.D.

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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