

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of "  
 or  
 Inc. Town of "  
 or  
 City of "

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

File No. — For State Registrar Only  
49

Registration District No. 3A Registered No. 49  
 (For use of Local Registrar)  
 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 Mary Ida Heaton } If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?  BOY  GIRL  
 (4) Type or Triplet?  Single  Triplet  
to be answered only in case of Twins or Triplets  
 (5) Number in order of birth 3  
 (6) Are Parents Married?  Yes  No  
 (7) DATE OF BIRTH July 15 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Amos Heaton  
 (9) PRESENT POSTOFFICE OF FATHER Anderson Sc  
 (10) COLOR OF RACE W (11) AGE AT LAST BIRTHDAY 31  
(Years)  
 (12) BIRTHPLACE Abbeville Co Sc  
 (13) OCCUPATION Salesman  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Carrie M. Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson Sc  
 (16) COLOR OF RACE W (17) AGE AT LAST BIRTHDAY 30  
(Years)  
 (18) BIRTHPLACE Anderson Co  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. D. Ashurst

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M. D. Anderson Sc

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar

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

(27) Filled \_\_\_\_\_ 191... (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.

Registrar \_\_\_\_\_ Local Registrar \_\_\_\_\_

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REGISTRATION DISTRICTS...  
 N. B. McCaw, of Columbia.  
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