

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Larimer
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
33995

Registration District No. 1586 Registered No. 86
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of Oradell Hearon If child is not yet named, make supplemental report as directed

(2) Full Name of Child

3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 3

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 15 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Hearon

9) PRESENT POSTOFFICE OF FATHER Larimer

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 31
(Years)

12) BIRTHPLACE Laurens Co. S. C.

13) OCCUPATION Laborer

20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Lee

(15) PRESENT POSTOFFICE OF MOTHER Larimer

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Laurens Co. S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Laurens Co. S. C.

Given name added from a supplemental report

(26) Witness R. M. Jones

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

(27) Filed Oct 10 1922

(28) R. M. Jones

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.