

(1) PLACE OF BIRTH

County of Calhoun

Township of

or Inc. Town of St. Matthews

or City of

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

(2) Full Name of Child Annice Laurie Hiatt If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 28 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph Capers Hiatt</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Dault</u>	(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)
(12) BIRTHPLACE <u>South Carolina</u>	(18) OCCUPATION <u>Lawyer & Probate Judge for C.</u>	(19) BIRTHPLACE <u>South Carolina</u>	(20) OCCUPATION <u>House wife</u>
(21) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Joseph P. Hiatt(25) State whether Physician or Midwife Physician(26) Address of Physician or Midwife St. Matthews

(Given name added from a supplemental report)

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

(28) Filed Aug 15 1923 (29) A. K. Able 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.