

## (1) PLACE OF BIRTH

County of *Hampton*Township of *Golden*

or

Inc. Town of .....

or

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.

File No.—For State Registrar Only

90267

Registration District No. *2400* Registered No. *123*

(For use of Local Registrar)

## (2) Full Name of Child .....

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 10 1916</i>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME *Nathan Y. Heape*(9) PRESENT POSTOFFICE OF FATHER *Lena S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Hampton County*(13) OCCUPATION *Clerk*(20) Number of children born to mother, including present birth *one*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Maud Bourne*(15) PRESENT POSTOFFICE OF MOTHER *Lena S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Hampton County*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:20 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *P. Joseph Johnston*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Costell S.C.*

Given name added from a supplemental report

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

(27) Filed *1916* (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.