

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamson
 or
 Inc. Town of Peter St.
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

33000

Registration District No. 39Registered No. 138
(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.)

(2) Full Name of Child Unamed Heaton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number In order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 31 19 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thos Heaton
 (9) PRESENT POSTOFFICE OF FATHER Peter St.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE SC.
 (13) OCCUPATION ice mel operator
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Mamie Powell
 (15) PRESENT POSTOFFICE OF MOTHER Peter St.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE SC.
 (19) OCCUPATION homemaker
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P. Mowbray
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Peter St.

Given name added from a supplemental report

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

(27) Filed Nov 6 19 22 (28) M. L. Gershaw 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.