

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 12820

NAME OF BIRTH

County of Anderson

Township of 7th

In Town of

City of

Full Name of Child

Registration District No. 1-2 Registered No. 1-2

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OR CHILD? Girl (2) DATE OF BIRTH May 9 1923 (3) Are Parents Married? Yes (4) Name of Mother (MOTHER)

(5) FULL NAME John D. Heese (6) PRESENT ADDRESS OF FATHER Townville (7) COLOR OR RACE White (8) BIRTHPLACE SC (9) OCCUPATION Farmer (10) Number of children born to mother, including present birth 1 1/2

(11) NAME BEFORE MARRIAGE Daisy Campbell (12) PRESENT ADDRESS OF MOTHER Townville (13) COLOR OR RACE White (14) BIRTHPLACE S P (15) OCCUPATION Housewife (16) Number of children of this mother now living, including present birth 1 1/2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was born alive or stillborn. (18) (Signature) M. H. H. (19) State whether Physician or Midwife (20) Address of Physician or Midwife

Given name added from a supplemental report 101 Registrar

(21) Witness (Signature of Witness necessary only when question 18 is signed by mark) (22) Date 2-5 (23) J. F. Yabbing

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.