

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of

City of Winnaboro

(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

3768

Registration District No. 1911 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Louise Heath

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 24</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Heath(9) PRESENT POSTOFFICE OF FATHER Winnaboro S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Fairfield County(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Bell Mitchell(15) PRESENT POSTOFFICE OF MOTHER Winnaboro S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Fairfield County(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sara B. Mitchell (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnaboro

Given name added from a supplemental report

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

(27) Filed 19 (28) 6 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.