

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville
 Township of Dustin
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No. For State Registrar Only
72911

Registration District No. 2200 Registered No. 82
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Henry Heady Heart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 18, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Heart
 (9) PRESENT POSTOFFICE OF FATHER Simpersville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Effie Wood
 (15) PRESENT POSTOFFICE OF MOTHER Simpersville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. L. Richardson M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Sept 5, 1916 (28) L. L. Richardson Local Registrar.

*When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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.