

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49459

Registration District No. 74

Registered No. 18

(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

Hampton Theodore Heape

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

T. S. Heape

(9) PRESENT POSTOFFICE OF FATHER

varnover RFO

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

ME

(13) OCCUPATION

Germine

(20) Number of children born to mother, including present birth

Four

(14) NAME BEFORE MARRIAGE

Eliza Frazer

(15) PRESENT POSTOFFICE OF MOTHER

varnover RFO

(16) COLOR OR RACE

South

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

CR

(19) OCCUPATION

Household duties

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 a on the date above stated.

(23) (Signature)

J. J. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

June 7-9, 1916

Registrar

(26) Witness

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

(27) Filed

701

1916

(28)

J. H. Rogers

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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw, of Columbia.