

(1) Place of Birth

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar

3141

216

County of Charleston

Township of

or

In Town

City of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

9 A

Registered No.

(For use of Local Registrar)

St.

Ward

(2) Full Name of Child

Hiett

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

(3) SEX OF CHILD

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 25

1928

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Kaper Mollard Hiett

(9) PRESENT POSTOFFICE OF FATHER

31 Bagwood

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

Ac.

(13) OCCUPATION

Car Repairer - Sag River

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Miss Letitia Bue

(15) PRESENT POSTOFFICE OF MOTHER

31 Bagwood

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Ac.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) Date

(24) Address of Physician or Midwife

Physician

Charleston, S.C.

Give name address town & telephone number of person to whom supplemental report should be made

(25) Signature of Witness necessary when question 22 is signed by mother

J. M. M. M.

(26) Local Registrar

(27) This certificate should be filed in the office of the State Board of Health before the child is one year of age.