

Harold Ray Hiers



B: 5 May 1907 Brunson, SC
D: 17 Jan 1991 Enterprise, FL

Occupations:

Crown Paper Company/Florida Power Corporation



Crown Paper Company, Sanford, FL



Florida Power Plant, Enterprise, FL

In 1926, the Benson Springs Power Plant was built on the shores of Lake Monroe, by Florida Public Service to provide electrical service locally and as far away as DeLand. It was named Benson Springs Power Plant because in 1927, the town was renamed Benson Springs until ten years later, when it changed back to Enterprise. The coal-fired power plant consisted of only one unit at the time, generating 11,500kw of electricity.



Married: 27 Jan 1935 Grace Mae Oviatt
B: 1 June 1911
D: 21 Sep 2001

Children:

1. Audrey Mae Hiers



B: 28 Jan 1936

Unmarried

2. Susan Ethel Hiers



B: 10 Dec 1944

Married: (1) Date unknown: Ronald Edward Williams (no picture)

Children:



Ronald B: 1964

Married: Kimberly Nixon (no picture)

Children: Amanda Michelle
B: 1988



Christopher B: 1967

Susan B: 1968 D: 1971

Married (2) 7 Jul 1995: Bobby Wyatt



No children



Certificate of Birth

STATE OF SOUTH CAROLINA

COUNTY OF HAMPTON.

1. PLACE OF BIRTH:

County of Hampton

Township of Peeples

City of Brunson, S. C.

OFFICE OF CLERK OF COURT

Birth certificate filed August 13th, 1945. Proof 2 affidavits.

2. FULL NAME OF CHILD: Harold Ray Hiers

3. Boy or Girl Boy 4. Color or Race White 5. Nationality American

6. DATE OF BIRTH: May 5th 1907
(Month) (Day) (Year)

7. Full name Joseph Brabham Hiers FATHER 8. Name before marriage Carrie Avaline Pricater MOTHER

I, B. T. DeLoach, Clerk of Court of Common Pleas and General Sessions for Hampton County, South Carolina, the same being a Court of record, and having by law a seal, and being the official custodian of vital statistics for Hampton County, do hereby certify unto all whom it may concern, that there is on file in the office of Clerk of Court for said County the record of the birth of the above named from which the above statistical data was obtained, and I further certify that the above date of birth, place of birth, and other information concerning the birth of the above named is true and correct as copied therefrom.

GIVEN under my Hand and Official Seal of Office at Hampton, South Carolina, this 13th day of August, A. D. 1945.



B. T. DeLoach

Clerk of Court for Hampton County, South Carolina

By _____ Deputy Clerk.

FL

FL

1412

C. J. No. 20-23 - Marriage License

CENTRAL BUREAU OF VITAL STATISTICS

State of Florida, Sumner County

To any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rite of Matrimony:

Whereas, Application having been made to the County Judge of Sumner County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized,

These are, therefore, To authorize you to unite in the

Holy Estate of Matrimony

Harold Hiers and Grace Oviatt
and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness, my name as County Judge, and the seal of said Court, at the Courthouse in Sanford, this 23 day of January, A. D. 1935

Jas. G. Shearon, County Judge.
Ray C. Schuffly, Clerk.

CERTIFICATE OF MARRIAGE

I Certify, that the within named Harold Hiers and Grace Oviatt were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of the within License. Done this 27 day of Jan, A. D. 1935, at Sanford, 45-511, Florida.

Witness Mrs. J. B. Oviatt, Sanford, Fla.
SIGNATURE AND TITLE OF MINISTER OR LEGALLY AUTHORIZED OFFICER

Witness Mrs. J. B. Hiers
ADDRESS

Returned this 30 day of Jan, A. D. 1935 and recorded in Marriage Book 0 Page 47 Jas. G. Shearon, County Judge.

C. Meach G. Jj, State Registrar

Date Issued: **JAN 25 2012**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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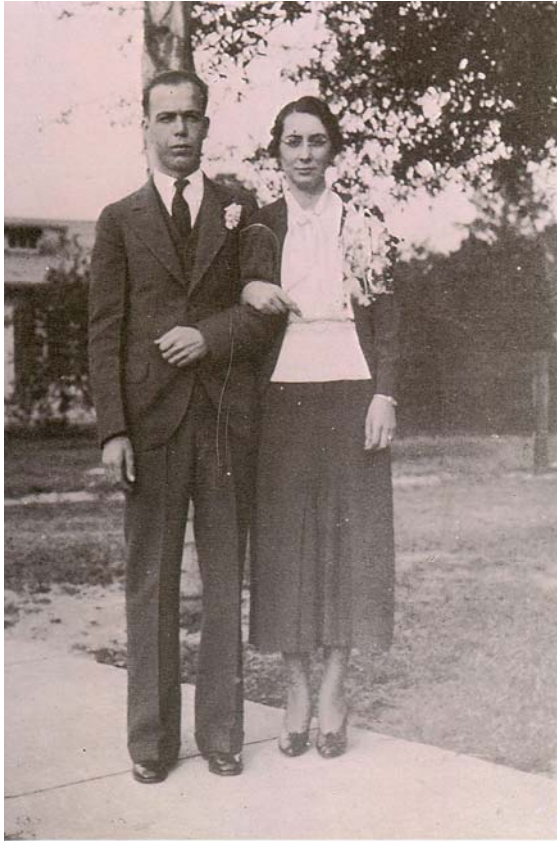
DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



GRACE MAE HIERS

Grace Mae Hiers, 90, of Blairsville, Ga., died Saturday,

Sept., 2001, in Hiawassee, Ga.

Born in Marion, Ohio, she lived in Sanford from 1928 to 1942, and Enterprise from 1942 to 1991. She was a homemaker and a member of Barnett Memorial United Methodist Church in Enterprise. She was a member of the Enterprise Elementary School PTA in the 1940s and past officer of Enterprise Cemetery Association. She was a former member of the Volusia County Elections Board and taught Sunday School at Barnett in the 1940s.

Survivors include two daughters, Audrey Hiers of Blairsville, Ga., and Susan Wyatt of Lakeland; and two grandchildren.

Baldauff Family Funeral Home of Orange City is in charge of arrangements.



Harold & Grace are buried at Enterprise Evergreen Cemetery, Enterprise, FL

OFFICE of VITAL STATISTICS

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CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

1 DECEDENT'S NAME (First, Middle, Last) HAROLD R. HIERS		2 SEX Male	
3 DATE OF DEATH (Month, Day, Year) January 16, 1991	4 SOCIAL SECURITY NUMBER 261-01-7096	5a AGE-Last Birthday (years) 83	5b UNDER 1 YEAR Months: Days: Hours: Minutes:
6 DATE OF BIRTH (Month, Day, Year) May 5, 1907	7 BIRTHPLACE (City and State or Foreign Country) Brunson, South Carolina		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
9a PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 151 Court Street Enterprise, Florida			9b INSIDE CITY LIMITS? (Yes or No) No
9c FACILITY NAME (If not institution, give street and number)		9d CITY, TOWN, OR LOCATION OF DEATH Enterprise, Florida	9e COUNTY OF DEATH Volusia
10a DECEDENT'S USUAL OCCUPATION Boiler Operator	10b KIND OF BUSINESS/INDUSTRY Florida Power Corporation	11 MARITAL STATUS —Married, Never Married, Widowed, Divorced (Specify) Married	12 SURVIVING SPOUSE (If wife, give maiden name) Grace Oviatt
13a RESIDENCE — STATE Florida	13b COUNTY Volusia	13c CITY, TOWN, OR LOCATION Enterprise	13d STREET AND NUMBER 151 Court Street
13e INSIDE CITY LIMITS? (Yes or No) No	13f ZIP CODE 32725	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15 RACE — American Indian, Black, White, etc. Specify. White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12): 4 College (1-4 or 5+):		17 FATHER'S NAME (First, Middle, Last) Joseph B. Hiers	
18 MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Priester		19a INFORMANT'S NAME (Type/Print) Grace Hiers	
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 151 Court Street Enterprise, Florida 32725		20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Enterprise Cemetery	
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Enterprise, Florida		20c LOCATION — City or Town, State	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SPOUSE <i>[Signature]</i>		21b LICENSE NUMBER (of Licensee) 2035	21c NAME AND ADDRESS OF FACILITY Brisson Funeral Home 905 Laurel Avenue Sanford, Florida 32771
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>	
22b DATE SIGNED (Mo., Day, Yr.) 1/17/91	22c HOUR OF DEATH 4:45 P. M.	23b DATE SIGNED (Mo., Day, Yr.)	23c HOUR OF DEATH
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23d PRONOUNCED DEAD (Mo., Day, Yr.)	23e PRONOUNCED DEAD (Hour)
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Axel Anderson M.D., 85 W. Miller Street, Ste. 402, Orlando, FL 32806			
25a SUBREGISTRAR — SIGNATURE AND DATE <i>[Signature]</i> 1-23-90		25b LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i> Edna B. Collins, D.R.	25c DATE REGISTERED January 23, 1991

VOID IF ALTERED OR ERASED

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[Signature]
State Registrar

Date Issued: FEB 21 2012

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DH FORM 1948 (04-10)

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