

MARGIN RESERVED FOR BINDING.
 WHEN PLACED WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN THIS 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 6.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. M.
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

632

Registration District No. 209 Registered No. 4
 (For use of Local Registrar)

(No. Heins Tenement Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alma Heyward If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 2, 1922
 To be answered only in event of Twins or Triplets (Age of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Benjamin Heyward (14) NAME BEFORE MARRIAGE Isabelle Grant
 (9) PRESENT POSTOFFICE OF FATHER Myers S. C. (15) PRESENT POSTOFFICE OF MOTHER Myers S. C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40 (Years) (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Charleston Co (18) BIRTHPLACE Mt. Pleasant S. C.
 (13) OCCUPATION Mechanic (19) OCCUPATION Housework
 (20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour (A. M. or P. M.))

(23) (Signature) Sallie Chisolm
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife 3 Mile

Given name added from a supplemental report

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

(27) Filed Jan. 9, 1922 Local Registrar E. T. Myers

*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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