

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WHITE 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.

McClaw of Columbia.

M. G.

(1) PLACE OF BIRTH
County of Charleston

Township of

or
Inc. Town ofCity of Charleston, S.C.

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

Registration District No. 9ARegistered No. 1165
(For use of Local Registrar)File No.—For State Registrar Only
80564(2) Full Name of Child Peter Heyward(3) BOY OR GIRL? boy(4) Twin or Triplet? one(5) Number in order of birth one
To be answered only in case of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Oct. 27
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Peter Heyward(9) PRESENT POSTOFFICE OF FATHER 156 Wentworth St(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Mouncebourne(13) OCCUPATION Butler(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Sumter(15) PRESENT POSTOFFICE OF MOTHER 156 Wentworth St(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Mouncebourne(19) OCCUPATION None(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Martin(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 85 Beaumont St

Given name added from a supplemental report

9/21/44 191
L. A. P. Riser M.D.
Registrar

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

(27) Filed 10/30 1916 (28) J. M. Green M.D.
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.

Registrar

Filed 10/31

1916

J. M. Green, M.D.

Corrected

LEON BERRY, M.D.

1940 REGISTRAR