

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH SPACING, ETC.—THIS IS A PERMANENT RECORD.

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 3.

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of ... Keeland ...

Township of

Inc. Town of

City of ... Columbia ...

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

(2) Full Name of Child

Ethel Vernon Willis Hayward

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 Feb. 11, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Barnwell Hayward

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 36
(Year)

(12) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Vernon Willis

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 32
(Year)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION h. wife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) A. B. Hayward

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 27, 1923 (28) C. J. Shoen 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.