

(1) PLACE OF BIRTH

County of MadisonTownship of Madison

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40170

Registration District No. 4103Registered No. 65
(For use of Local Registrar)

(2) Full Name of Child

Lulusha Heywood

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 24 1942
(Name of Month, Day, Year)

FATHER

(8) FULL NAME

Julian Heywood

(9) PRESENT POSTOFFICE OF FATHER

Windsorfield

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lulusha Heywood

(15) PRESENT POSTOFFICE OF MOTHER

Windsorfield

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward, M.D.12-29-42 19 42

Registrar

(26) Witness

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

(27) Full Name

W. B. Woodward

(28) Address

Windsorfield

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.