

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45546**

Inc. Town of ..... Registration District No. 9A Registered No. 87  
 or  
 City of Charleston, S.C. (No. 19 Short St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yo (7) DATE OF BIRTH January, 26<sup>th</sup>, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hamilton Heyward  
 (9) PRESENT POSTOFFICE OF FATHER #19 Short St.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Brick-mason  
 (20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Mabeline Holmes  
 (15) PRESENT POSTOFFICE OF MOTHER #19 Short St.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION Laundry work  
 (21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive Born at ..... 10 ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kanney Scott  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Midwife | #164 Calhoun St.

Given name added from a supplemental report

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

(27) Filed 1/28/16 (28) J. M. ... 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.