

PLACE OF BIRTH
City of Charleston
County of _____
or
Town of _____
or Charleston, S.C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a

FILE No.—For State Registrar Only

18497-A

Registered No. 194
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD SAMUEL BURGESS HEYWARD St. 77 Drake Street Ward 194

Sex Male Girl ☐ If Plural Births ☐ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are parents married? NO 8. Date of birth June 9th, 1915
5. Number, in order of birth _____ Full term _____ (Month, Day, Year) 19__

FATHER
Samuel Burgess
Residence (usual place of abode) # 77 Drake St. Chas.
(If co-resident, give place and State) Chas. S.C.

MOTHER
Josephine HEYWARD
Residence (usual place of abode) # 77 Drake St. Chas. S.C.
(If non-resident, give place and State) Chas. S.C.

Color or race Colored 12. Age at last birthday 35 abt. (Years)
Place (city or place) Kingstree, S.C.
(State or country)

20. Color or race Colored 21. Age at last birthday 39 abt. (Years)
22. Birthplace (city or place) Charleston, S.C.
(State or country)

23. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
24. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
General Laborer
Standard Oil Co.

25. Date (month and year) last engaged in this work _____ 19__
26. Total time (years) spent in this work _____
27. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
Domestic & Washing

28. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead _____ (c) Stillborn _____
(Time of this birth and including this child) _____

29. Cause of stillbirth _____
(Before labor) _____
(During labor) _____

30. I hereby certify that I attended the birth of this child, who was Born alive at 4:55 p.m. on the date above stated.
(Born alive or stillborn) _____

When there was no attending physician present, then the father, householder, or other person present at the birth should make this return.
Name added from _____
supplemental report _____ (Date of) _____

Address Stone Ct. Chas. S.C. Midwife _____
Filed Aug. 30, 1915 Leon Parsons Registrar