

PLACE OF BIRTH
City of Charleston
Township of _____
or
Town of _____
or
City of 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. 19 A
(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. _____ Ward _____

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

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

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

9. Color or race Colored 12. Age at last birthday 35 (Years) 20. Color or race Colored 21. Age at last birthday 39 (Years)

22. Birthplace (city or place) (State or country) Charleston, S.C.

11. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. General Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic &

13. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Standard Oil Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Washing

14. Date (month and year) last engaged in this work _____, 19__ * 17. Total time (years) spent in this work _____ *

25. Date (month and year) last engaged in this work _____, 19__ * 26. Total time (years) spent in this work _____ *

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

16. If stillborn, period of gestation _____ (months/weeks) 29. Cause of stillbirth _____ (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
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)

(Signed) Anna Green (deceased) _____
or _____
Address Stone Ct. Chas. S.C. Midwife

Filed Aug. 30, 1915 Leon Darnall Registrar