

MARGIN RESERVED FOR INDEXING.
 WRITES PLAINLY. WITH UNFADING INK.—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 1.

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 925

No. for this birth only
17012

Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Oliver Heyward (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Male (4) Type or Type of Normal (5) Number in order of birth 1 (6) Age of Child 10 (7) DATE OF BIRTH June 7, 1933
 To be covered only in case of Twin or Triplets (Date of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Samuel Heyward
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Year)
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth One

MOTHER.
 (15) NAME BEFORE MARRIAGE Sarah Heyward
 (16) PRESENT POSTOFFICE OF MOTHER Johns Island
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 17 (Year)
 (19) BIRTHPLACE Johns Island
 (20) OCCUPATION Farmer's Wife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. C. C. C.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed June 30, 1933 (28) Mrs. C. H. Hills 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.