

(1) PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of.....
 or
 City of

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

File No. — For State Registrar Only
3626

Registration District No. 1107 Registered No. 24
 (For use of Local Registrar)

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

(2) Full Name of Child John James Heywood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Member in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) NAME BEFORE MARRIAGE <u>William Lawrence Heywood</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Goodenough</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Backwin Mill</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Backwin Mill</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Chester Co</u>	(18) BIRTHPLACE <u>Laurens Co</u>	(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Naylor
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

..... 19.....
 Registrar

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

(27) Filed Mar 6 1922 (28) A. M. Naylor 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.

..... Local Registrar
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