

Charleston S.C. Oct 20/30
This is to certify that
Lewis Heyward was
born. March 16th 1923
at no 2 Park St-
Charleston S.C. the
(Nurse was Anna Nelson
& who is dead-) her
Elizabeth Heyward
Mum

Seen to before me this
20 day of Oct. 1930

J. F. Seigrist
not Pub. Sec.

RECEIVED FOR RECORDING.

THIS IS A PERMANENT RECORD.
SEPARATE BLANK FOR EACH COPIED, OR
OF ONE, No. 2, etc., in volume 2, etc.

1. PLACE OF BIRTH
County of Charleston

Township of _____

or
Inc. Town of _____

or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 9A

(No. 2 Park St., _____ St., _____ Ward)

FILE No. - For State Registrar Use
6245A

Registered No. 4819
(For use of Local Registrar)

2. FULL NAME OF CHILD

Lewis Maynard

3. Boy or Girl Boy 11. If Plural Births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? Yes 8. Date of Birth March 16, 1925
(Month, day, year)

9. Full name FATHER
Henry Maynard

10. Full maiden name MOTHER
Elisabeth Mings

11. Residence (usual place of abode) (If nonresident, give place and State) City

12. Residence (usual place of abode) (If nonresident, give place and State) City

13. Color or race Col. 14. Age at last birthday 22 (Years)

15. Color or race Col. 16. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) (State or country) WYTHEVILLE, S.C.

19. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer-

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Lawdress.

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City drainage.

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

23. Date (month and year) last engaged in this work _____ 19____

24. Date (month and year) last engaged in this work _____ 19____

25. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____

26. If stillborn, period of gestation _____ months _____ weeks 27. 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 12 Midnight above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, housekeeper, etc., should make this return.)

Given name added from a supplemental report _____ (Date of) _____

(Signed) _____ M. D.

or Anna Nelson _____ M.D.

Address 2nd St. (Box 444444)

Filed 10/20/20