

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

City of

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

(2) Full Name of Child Lauretta Heyward

File No. — For State Registrar Only

12997

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 607 Registered No. 63
(For use of Local Registrar)

(No. St. Ward)

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married Yes 7. DATE OF BIRTH May 15 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Thomas Heyward9. PRESENT POSTOFFICE OF FATHER Frogmore S.C.10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 35
(Years)12. BIRTHPLACE South Carolina13. OCCUPATION Farmer20. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Julia Williams15. PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 35
(Years)18. BIRTHPLACE Frogmore19. OCCUPATION Farmer
Frogmore21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hagar Henderson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

(26) Witness Nurse King
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5/18 1923 (28) J.B. Thomas 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.