

Form No. 1

(1) PLACE OF BIRTH

County of *Jasper*Township of *Chocomauchie*

OF

Inc. Town of

OF

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4265

Registration District No. *7600*Registered No. *16*

(For use of Local Registrar)

(2) Full Name of Child *Joseph Heyward*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *Oct 27 1928*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Peter Heyward*(9) PRESENT POSTOFFICE OF FATHER *Ridgeland, SC*(10) COLOR OR RACE *Col.*(11) AGE AT LAST BIRTHDAY *27*

(Year)

(12) BIRTHPLACE *SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lizida Ford*(15) PRESENT POSTOFFICE OF MOTHER *Ridgeland, SC*(16) COLOR OR RACE *Col.*(17) AGE AT LAST BIRTHDAY *24*

(Year)

(18) BIRTHPLACE *SC*(19) OCCUPATION *House work*(21) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

Born alive or stillborn at *7:00* A. M. (Hour A. M. or P. M.)(23) (Signature) *Mary E. Heyward*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Ridgeland, SC*

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *3/5 28*

(28)

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.