

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Ene. Town of

City of Charleston

(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. - 542

189

Registration No. 189

(For use of Local Authorities)

(2) Full Name of Child Susana Hayward

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

(1) BOY OR GIRL? <u>girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Sex of Parent <u>Male</u>	(5) DATE OF BIRTH <u>Mar 30</u>
(6) FULL NAME <u>William Hayward</u>		(7) NAME BEFORE MARRIAGE <u>Louis Perry</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>		(9) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>58</u> (Years)	(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(14) BIRTHPLACE <u>Charleston</u>		(15) BIRTHPLACE <u>Charleston</u>		
(16) OCCUPATION <u>labor</u>		(17) OCCUPATION <u>housewife</u>		
(18) Number of children born to mother, including present birth <u>4</u>		(19) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Mark A. M. or F. M.)

(23) (Signature) Philip W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Montague St

(Given name added from a supplemental report)

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

(27) Filed 2/1

When there was no attending physician or midwife, then the father, mother, or other person present at the birth must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

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