Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of Orange

or

Inc. Town of

or

City of (No. St.; Ward)

(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
36002

Registration District No. 3613 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Nicholas Tally Haywood (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 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Haywood

(9) PRESENT POSTOFFICE OF FATHER Jamison S C

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Orangeburg Co S C

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Bowens

(15) PRESENT POSTOFFICE OF MOTHER Jamison S C

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Orangeburg Co S C

(19) OCCUPATION Farm Work

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Anna Haley

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Jamison 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 Oct 15 1922 (28) A. L. Tarey
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw of Columbia, S. C.