

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Beaufort

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

58753

Registration District No. 610 Registered No. B48  
 (For use of Local Registrar)

(2) Full Name of Child William Henry Heyward } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH 4 Oct 5 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Heyward

(9) PRESENT POSTOFFICE OF FATHER Port Royal, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Beaufort County

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Mc Gowan

(15) PRESENT POSTOFFICE OF MOTHER Port Royal, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Beaufort County

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:57 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katty Heyward

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Port Royal

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5-12-1916 (28) M. B. Cope 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.

MARGIN RESERVED FOR BINDING.

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

McCaw, of Columbia.