

(1) PLACE OF BIRTH

County of Charleston
 Township of Stadfeld
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6945

Registration District No. 913 Registered No. 18
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin yes (5) Number in order of birth Siby (6) Are Parents Married yes (7) DATE OF BIRTH March 2, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Hesica Heyward
 (9) PRESENT POSTOFFICE OF FATHER Martin Point Sc.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE Stadfeld
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Cathrine Heyward
 (15) PRESENT POSTOFFICE OF MOTHER Martin Point
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)
 (24) State whether Physician or Midwife Cathrine Heyward (25) Address of Physician or Midwife Martin Point Sc.

Given name added from a supplemental report

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

(27) Filed March 10, 1922 (28) St. H. Wilson 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.