

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. 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 HealthFile No.—For State Registrar Only
27469Registration District No. 9

Registered No.

(For use of Local Registrar)

(No. Roper Hospital Ward)

(2) Full Name of Child

Marcus Myron

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

3. SEX OR
ORIGIN Male(4) Twin
or Triplet X(5) Number
order of birth 1(6) Are
Parents
Married Yes(7) DATE OF
BIRTH 9-12-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Arthur Heyward(9) PRESENT
POSTOFFICE
OF FATHER 42 Comm'n'g St.(10) COLOR
OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 25
(Year)(12) BIRTHPLACE
Jessie Island(13) OCCUPATION
Tobacco(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Sarah Bacon(15) PRESENT
POSTOFFICE
OF MOTHER 42 Comm'n'g St.(16) COLOR
OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 22
(Year)(18) BIRTHPLACE
Mt. Pleasant, S.C.(19) OCCUPATION
Domestic(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 alive at 8:40 A.M.,
on the date above stated. (Signed) Robt. D. Smith M.D. (House, M. or P.M.)

(23) (Signature)

(24) State where Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplement-
tal report)

(26) Witness

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

(27) Filed

9/1219 23at 8:40

A.M.

P.M.

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.

PARENT-BORN. No 1 TIME OF BIRTH. No 2, etc. in question 3

Bureau of Columbia, Columbia, S. C.