

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma C. Pregnall a Notary Public of South Carolina, Sadie Hayward, who being duly sworn says and deposes that she is the mother of Mary Elizabeth Hayward, who was born in the City of Charleston on Oct. 5th, 1923: that the midwife who attended her did not record this birth and is no longer living in the City of Charleston: that she has given the answers on the attached Return of birth and that the same are true and correct.

Sadie Hayward
Mother.

SWORN to before me this
24th day of Sept. A.D. 1931.

Emma Pregnall
Notary Public, S.C.
My commission expires at the
will of the Governor.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

1. PLACE OF BIRTH

County of Charleston
 Township of St Andrews
 or
 Inc. Town of Parish
 or
 City of S.C.

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 908

FILE No.—For State Registrar Only

27566-aRegistered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
Ulla May Poland (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <u>girl</u>	4. Twin, triplet, or other <u>1</u>	5. Premature <u>Full term</u>	6. Date of birth <u>Sept. 23</u> 19 <u>23</u> (Month, day, year)
9. Full name <u>Johnnie Poland</u>	10. Residence (usual place of abode) (If nonresident, give place and State) <u>St Andrews Parish</u>	11. Color or race <u>white</u>	12. Age at last birthday <u>34</u> (Years)
13. Birthplace (city or place) (State or country) <u>S.C.</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work <u>Sept</u> 19 <u>23</u>
17. Total time (years) spent in this work <u>16 yrs</u>	18. Full maiden name <u>Maggie Walker</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>St Andrews Parish</u>	20. Color or race <u>white</u>
21. Age at last birthday <u>30</u> (Years)	22. Birthplace (city or place) (State or country) <u>Clarendon S.C.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work <u>Sept</u> 19 <u>23</u>	26. Total time (years) spent in this work <u>15 yrs</u>	27. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	28. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____
30. If stillborn, period of gestation _____ { months _____ weeks _____ } 31. Cause of stillbirth _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.
 Given name added from
 a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.
 or Rebecca Browne, Midwife
 Address John's Island S.C.
 Filed Aug 25, 1933 Mary Bonn
 Registrar.