

Form No. 3

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange....
 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
811

Registration District No. 3413 Registered No. 38
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb 28 1928</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hervey Heyward

(9) PRESENT POSTOFFICE OF FATHER Orly S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Orly Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Connor

(15) PRESENT POSTOFFICE OF MOTHER Orly S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Orly Co S.C.

(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 Alive at 11:15 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

..... is Registrar

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

(27) Filed April 5 1928 (28) [Signature] 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.

State of Columbia, Columbia, S. C.