

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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Tarboro
 Township of Baldwin
 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
84402

Registration District No. 572 Registered No. 65
 (For use of Local Registrar)

(2) Full Name of Child Cesar Hayward (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 Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 29 1916</u> (Name of Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Lorrie Hayward
 (9) PRESENT POSTOFFICE OF FATHER Appleton S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Labour
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Hayward
 (15) PRESENT POSTOFFICE OF MOTHER Appleton S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm Labourer
 (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 born alive at 3:2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lora McCar
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Appleton S.C.

Given name added from a supplemental report

 _____, 19 ____
 Registrar

(26) Witness F. H. Boyd
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 29 1916 (28) F. H. Boyd
 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.