

Form No. 1

## (1) PLACE OF BIRTH

County of Williamsburg  
Township of Lane

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54065

Inc. Town of ..... Registration District No. 4305 Registered No. 18  
(For use of Local Registrar)  
City of ..... (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 Essie May Izard

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH March 14<sup>th</sup>  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Izard(9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Williamsburg co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Shaw(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Williamsburg co., S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Edw. J. Heinebaum(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Heinebaum

Given name added from a supplemental report

..... 191....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 14<sup>th</sup> 191.... (28) Albert R. Moody  
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.

M. D.—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.  
McCaw, of Columbia.