

## (1) PLACE OF BIRTH

County of Charleston  
 Township of North  
 or  
 the Town of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar only

39227

Registration District No. 910 Registered No. 28  
 (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 Mariah Keyward If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Date of Birth July 23 (5) TIME OF BIRTH 1:10 (6) PLACE OF BIRTH Home

FATHER  
 (7) FULL NAME James Keyward  
 (8) PRESENT RESIDENCE OF FATHER Meggett St.  
 (9) COLOR W (10) AGE AT LAST BIRTHDAY 30  
 (11) BIRTHPLACE Charleston  
 (12) OCCUPATION Laborer

MOTHER  
 (13) NAME BEFORE MARRIAGE Hattie Keyward  
 (14) PRESENT RESIDENCE OF MOTHER Meggett St.  
 (15) COLOR W (16) AGE AT LAST BIRTHDAY 25  
 (17) BIRTHPLACE Charleston  
 (18) OCCUPATION Housewife  
 (19) Number of children of this mother now living, including present birth 4

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(22) (Signature) Gyntha Stewart  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Meggett

Given name added from a supplemental report  
 (25) Witness John Commins  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed Dec 12 1923 (27) Mrs. P. M. F. of  
 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.