

McGraw-Hill, Inc. 1910. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Horry
Township of
or
Inc. Town of Conway
or
City of
(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
18993

Registration District No. 25A Registered No. 28
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH May 3 1922
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Charley Payton (14) NAME BEFORE MARRIAGE Julia Heart
(9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER Conway S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE (18) BIRTHPLACE Horry, S.C.
(13) OCCUPATION (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sollie Moore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Conway, S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark).
(27) Filed Jan 11 1922 (28) 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.

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