

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of
 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
3737

Registration District No. 1906 Registered No. 13
 (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 B. Preston Gerson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Lawrence Ward</u>	14) NAME BEFORE MARRIAGE <u>William Ashford</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Nelson SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Nelson SC</u>			
10) COLOR OR RACE <u>col</u>	11) AGE AT LAST BIRTHDAY (Year) <u>19</u>	16) COLOR OR RACE <u>col</u>	17) AGE AT LAST BIRTHDAY (Year) <u>16</u>	
12) BIRTHPLACE <u>Fairfield SC</u>		18) BIRTHPLACE <u>Fairfield SC</u>		
13) OCCUPATION <u>farming</u>		19) OCCUPATION <u>farming</u>		
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Feb 23
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Lawrence Ashford

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

(27) Filed 3/1/33 (28) L. E. Hester Local 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.