

Form No. 2

(1) PLACE OF BIRTH

County

Township of

or
Inc. Town of

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

44551

Registration District No. 7. 0. 0. 3

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) Sex of Child <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Child <u>1/13</u>	(7) DATE OF BIRTH (Month) (Day) (Year) <u>1/13</u>
FATHER			MOTHER	
(8) FULL NAME <u>E. Ward</u>			(14) NAME BEFORE MARRIAGE <u>Clara J. Ward</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Do</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>43</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	
(12) BIRTHPLACE <u>W. Va.</u>			(18) BIRTHPLACE <u>W. Va.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Dom.</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 at M.,
on the date above stated. (Signature of Physician or Midwife) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(27) Filed 19 (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.MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
BOSTON
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