

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of St. P. St. M.
 Inc. Town of
 City of Charleston

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27575

Registration District No. 929Registered No. 148
(For use of Local Registrar)(No. 1 Truster St. Ward)(2) Full Name of Child Eduard Ward

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
To be answered only in case of Twin or Triplet(6) Are Parents Married yes(7) DATE OF BIRTH Sept. 15, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Ward(9) PRESENT POSTOFFICE OF FATHER Meyers S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 24 yrs
(Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION labor(14) Number of children born to mother, including present birth 13 live

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Mitchel(15) PRESENT POSTOFFICE OF MOTHER Meyers S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 28 yrs
(Year)(18) BIRTHPLACE Mc. Keanville S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 12 live

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M.
on the date above stated. (Designate stillborn) (Hour, A. M. or P. M.)(22) (Signature) Sarah Scherlin Midwife(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(signature of Witness necessary only when question 25 is signed by mark)

(26) Date Sept. 17, 1923

(27)

S. F. Meyers
Local Registrar

*When there was no attending physician or midwife, 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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