

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Wadesboro

or

Inc. Town of WadesboroCity of Wadesboro

(If birth occurs in a hospital, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 37488Registration District No. 35092 Registered No. 5.8

(For use of Local Registrar)

City of Wadesboro at the 6 miles road Ward

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

(2) Full Name of Child James H. Ward

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 18 1923  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James H. Ward(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Greenville(13) OCCUPATION labor(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Calhoun(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Richland Co(19) OCCUPATION house keeping(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Elippie Murphy wife(23) State whether Physician or Midwife (24) Address of Physician or Midwife Richland Co

Given name added from a supplemental report

M. S. W. O'Brien M.D.Nov 17 1923

Registrar

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

(26) Filed Dec 10 1923 L.M. Taylor 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.