

(1) PLACE OF BIRTH

County of Charleston

Township of

In Town of

City of Charleston, S.C.

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

(2) Full Name of Child Henry Bryce Ward

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

(3) SEX OF CHILD Boy (4) Twin or triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24, 22

FATHER
(8) FULL NAME Henry Bryce Ward(9) PRESENT POSTOFFICE OF FATHER 35 Vanderhorst St. Charleston S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Eucla, Ala.(13) OCCUPATION Undertaker(14) Number of children born to mother, including present birth 1MOTHER
(14) NAME BEFORE MARRIAGE Sadie Bell Brasellon(15) PRESENT POSTOFFICE OF MOTHER 35 Vanderhorst St. Charleston S.C.(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Brasellon La.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 12:30 P.
on the date above stated.(22) (Signature) J. H. Bell

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 2/28/23 (27) M. Bell 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.