

Form No. 1

## (1) PLACE OF BIRTH

County of Florence  
 Township of Waucho  
 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  
**42490**

Registration District No. 2016 Registered No. 33  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 9, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. R. Ard  
 (9) PRESENT POSTOFFICE OF FATHER Kingsburg  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Ard  
 (15) PRESENT POSTOFFICE OF MOTHER Kingsburg  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. C. T. Stone(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Kingsburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1, 1924(28) W. R. Ard 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.