

4) PLACE OF BIRTH

County of Laurens

Township of Aullavona

or
Inc. Town of

or
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 Adeline Nancy Ward If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 25 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Toy Ward
(9) PRESENT POSTOFFICE OF FATHER Laurens # 6
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Chattanooga Tenn
(13) OCCUPATION Textile Mill work
(20) Number of children of this mother now living, including present birth one

MOTHER.
(14) NAME BEFORE MARRIAGE May Land
(15) PRESENT POSTOFFICE OF MOTHER Laurens # 6
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 at P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Martha Bryson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens # 6

Given name added from a supplemental report

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

(37) File Jan 3 1923 (38) J. M. Sullivan 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.

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