

(1) PLACE OF BIRTH

County of AdamsTownship of HighCity of Richmond

(If birth occurs in a hospital or other institution, 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. 1.-For this Register Only

2008

Registration District No. 204Registered No. 14

(For use of Local Registrar)

City of Richmond (No. 14 St. 14 Ward 14)(2) Full Name of Child Rose Ward

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

(3) SEX OF CHILD <u>M</u>	(4) Type of Infant <u>To be reported only in case of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are there twins? <u>Y</u>	(7) DATE OF BIRTH <u>2-11-1908</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Ward(9) PRESENT POSTOFFICE OF FATHER Yanderus S C(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Pa(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 1-6

MOTHER.

(15) NAME BEFORE MARRIAGE Harris Harris(16) PRESENT POSTOFFICE OF MOTHER Yanderus S C(17) COLOR OR RACE N (18) AGE AT LAST BIRTHDAY 26 (Year)(19) BIRTHPLACE Edgfield S C(20) OCCUPATION Mail operator(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Adams at 109 A.M., on the date above stated. (Born alive or stillborn. (Hour M. or P. M.))(23) (Signature) S A Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 20th 1908 Local Registrar

When this is signed by a physician or midwife, then the father, householder, etc., should make this return. If a child is born 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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