

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Carterville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 28280  
 For State Registrar Only

Registration District No. 2002 Registered No. 24  
 (For use of Local Registrar)

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

(2) Full Name of Child William Ward 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 1st (6) Age at birth 10 (7) DATE OF BIRTH 10 20 23  
 (Month of Month) (Day) (Year)

| FATHER.  |   | MOTHER.   |   |
|--|---|---|---|
| (8) FULL NAME <u>Calix Ward</u>  | (10) NAME BEFORE MARRIAGE <u>Marie Dean</u>   | (10) NAME BEFORE MARRIAGE <u>Marie Dean</u>   | (10) NAME BEFORE MARRIAGE <u>Marie Dean</u>   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Carterville S.C.</u>                 | (11) PRESENT POSTOFFICE OF MOTHER <u>Carterville S.C.</u>                           | (11) PRESENT POSTOFFICE OF MOTHER <u>Carterville S.C.</u>                           | (11) PRESENT POSTOFFICE OF MOTHER <u>Carterville S.C.</u>                           |
| (12) COLOR OR RACE <u>Negro</u>  | (13) AGE AT LAST BIRTHDAY <u>29</u> (Year)  | (14) COLOR OR RACE <u>Negro</u>   | (15) AGE AT LAST BIRTHDAY <u>24</u> (Year)  |
| (16) BIRTHPLACE <u>S.C.</u>  | (17) BIRTHPLACE <u>S.C.</u>   | (18) BIRTHPLACE <u>S.C.</u>   | (19) BIRTHPLACE <u>S.C.</u>   |
| (20) OCCUPATION <u>Farming</u>   | (21) OCCUPATION <u>House &amp; Fam. work</u>  | (22) OCCUPATION <u>House &amp; Fam. work</u>  | (23) OCCUPATION <u>House &amp; Fam. work</u>  |
| (24) Number of children born to mother, including present birth <u>1</u> | (25) Number of children of this mother now living, including present birth <u>1</u> | (26) Number of children of this mother now living, including present birth <u>1</u> | (27) Number of children of this mother now living, including present birth <u>1</u> |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) William Ward (30) Address of Physician or Midwife Carterville S.C.

(Given name added from a supplemental report)

(31) Witness W. D. Pittman (Signature of Witness necessary only when question 28 is signed by mark)

(32) Filed Oct 1, 1923 (33) W. D. Pittman 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.