

Form No. 1.

(1) PLACE OF BIRTH

County of Camden  
Township of # 5  
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  
42906

Registration District No. 2104 Registered No. 73  
(For use of Local Registrar)

(2) Full Name of Child William Harrison St. Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 mod-  
If child is not yet named, make supplemental report as directed  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Joe Harrison  
(9) PRESENT POSTOFFICE OF FATHER LaBree Springs  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE Camden # 5  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 7

MOTHER  
(14) NAME BEFORE MARRIAGE Nancy Smith  
(15) PRESENT POSTOFFICE OF MOTHER LaBree Springs SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Camden # 4  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Joe Harrison  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Doctor LaBree Springs SC

Given name added from a supplemental report  
James S. 1916  
C. L. Ellis  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 1 1916 (28) C. L. Ellis  
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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.  
McKay, of Columbia.