

## (1) PLACE OF BIRTH

County of *Green*Township of *Green*

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

41020

Registration District No. *2502*Registered No. *111*  
(For use of Local Registrar)(2) Full Name of Child *Ralph Ward*

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

(3) SEX OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex Female <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 28, 23</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Guithy Junior Ward*(9) PRESENT POSTOFFICE OF FATHER *Labov n.c.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Horrocks, N.C.*(13) OCCUPATION *Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie Johnson*(15) PRESENT POSTOFFICE OF MOTHER *Labov n.c.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Horrocks, N.C.*(19) OCCUPATION *house wife*(20) Number of children born to mother, including present birth *Two*(21) Number of children of this mother now living, including present birth *Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Ralph* at *10 P.M.* on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. J. Jacobs*  
(24) State, whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Labov n.c.*

Given name added from a supplemental report

(26) Witness *W. T. Sney*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 29, 24* (28) *The Registrar*  
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.