

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richmond Co.
 Township of Edgewood P. Hill
 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
19598

Registration District No. 108 Registered No. 34
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet — To be covered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 30 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Clyde Davis Ware</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Kyles</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Low 55</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Low 55</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Shh Co.</u>	(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(18) Number of children born to mother, including present birth <u>1</u>			(19) BIRTHPLACE <u>Shh Co.</u>	
(20) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
(22) (Signature) <u>[Signature]</u>			(23) Address of Physician or Midwife <u>Centerville SC</u>	
(24) State whether Physician or Midwife <u>Phys</u>			(25) Address of Physician or Midwife <u>Centerville SC</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(27) Given name added from a supplemental report
 (28) Witness
 (29) Filed 7/31 19 23 (30) [Signature] Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.