

## (1) PLACE OF BIRTH

County of Charlottesville

Township of .....

Inc. Town of .....

City of Charlottesville (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 Max WardenFile No. - For State Registrar Use  
41931Registration District No. 1.5 Registered No. 145  
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married no (7) DATE OF BIRTH 10 22  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME G. V. Warden  
(9) PRESENT POSTOFFICE OF FATHER Charlottesville, S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21  
(Year) (12) BIRTHPLACE S.C.  
(13) OCCUPATION Carpenter  
(20) Number of children born to mother, including present birth 1MOTHER.  
(14) NAME BEFORE MARRIAGE Soliman Ford  
(15) PRESENT POSTOFFICE OF MOTHER Charlottesville, S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18  
(Year) (18) BIRTHPLACE S.C.  
(19) OCCUPATION at home  
(21) 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 Alive at 3:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Name of Physician or Midwife Dr. J. H. Warden (24) Address of Physician or Midwife CharlottesvilleGIVE NAME, ADDRESS & SIGNATURE OF WITNESSES  
(25) Signature of Physician or Midwife J. H. Warden  
(26) Signature of Local Registrar Ed. E. E. E.When there was no attending physician or midwife, the holder of this certificate should make a report to the local health officer.  
If a child is born to a woman who is not a resident of this State, a report is desired from the local health officer.