

## (1) PLACE OF BIRTH

County of WashingtonTownship of Palmettoor  
Inc. Town of .....or  
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

18359

Registration District No. 1308 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Tony Ware

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 1, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Alex Ware

(9) PRESENT POSTOFFICE OF FATHER Washington R4

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Liza Ware

(15) PRESENT POSTOFFICE OF MOTHER Washington R-4

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farming

(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 7 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ellerbe

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Washington R

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 1, 1922 (28) Ed Early  
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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.