

Form No 1.

(1) PLACE OF BIRTH

County of Richland
Township of Low
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
78988

Registration District No. 3803 Registered No. 274
(For use of Local Registrar)

(2) Full Name of Child Jr. James St. Ward

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? (7) DATE OF BIRTH Aug. 14 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph James
(9) PRESENT POSTOFFICE OF FATHER Eastover
(10) COLOR OR RACE N.W. (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lilla Spontano
(15) PRESENT POSTOFFICE OF MOTHER Eastover
(16) COLOR OR RACE N.W. (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(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 at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife EASTOVER

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Aug 22 1916 (28) [Signature] 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.