

(1) PLACE OF BIRTH
County of Charleston

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3171

Township of

Inc. Town of
City of Charleston

Registration District No. 9 A Registered No. 250
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child William Ward If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
FATHER.

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 23
(Name of Month) (Day) (Year)

(8) FULL NAME Christopher Herman Ward

(14) NAME BEFORE MARRIAGE Carrie Hopkins

(9) PRESENT POSTOFFICE OF FATHER Charleston SC

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Wilmington SC

(18) BIRTHPLACE Thelacville SC

(13) OCCUPATION Dayman

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 45 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) W. M. Jones, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report
..... 101
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-24-1924 Merwin Lucas, Jr. 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.