

1. PLACE OF BIRTH

County of ALLENTownship of HAMMONDInc. Town of --City of --

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

2. FULL NAME OF CHILD JESSIE BELL WARD

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

3. Boy or Girl Girl 11. Plural Birth 4. Twin, triplet, or other -- 6. Premature NO 7. Are Parents Yes 8. Date of March 21st, 1923
 9. Number, in order of birth 1 Full term Yes Married? Yes (Month, day, year)

9. Full name FATHERJESSIE WARD10. Full maiden name MOTHERDAISY BRIGHT

10. Residence (usual place of abode) Hammond, S.C. 11. Residence (usual place of abode) Hammond, S.C.
 (If non-resident, give place and State)

11. Color or race Bl. & Br. 12. Age at last birthday 14 (Years) 13. Color or race Bl. & Br. 14. Age at last birthday 32 (Years)

12. Birthplace (city or place) Hammond's Township 13. Birthplace (city or place) Augusta
 (State or country) S.C. (State or country) GA.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER 15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWORK

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FIRE 16. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 2nd home

16. Date (month and year) last engaged in this work March 1923 17. Total time (years) spent in this work 22 18. Date (month and year) last engaged in this work March 1923 19. Total time (years) spent in this work 22

20. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn no

21. If stillborn, period of gestation -- (months) 22. Cause of stillbirth -- (Before labor -- During labor --)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 A. m. on the date above stated.

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed: Daisy W. Ward, M.D.)or -- MidwifeGive name added from a supplemental report --

(Date of)

Address 173 100th St. Brooklyn, N.Y.Filed --, 19 --

Registrar

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