

## (1) PLACE OF BIRTH

County of Anderson, S. C.  
 or  
 Township of Cottonville  
 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

208

Registration District No. 303Registered No. 6  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child Robert Ware

(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 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 11, 1924  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ed Ware  
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42  
 (12) BIRTHPLACE Cottonville, S. C.  
 (13) OCCUPATION Cotton Smelter

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Reid  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Anderson, S. C.  
 (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 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness March Munnery

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

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.