

(1) PLACE OF BIRTH

County of EffinghamTownship of McClellan

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2011 Registered No. 74
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Enriel Ward (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet none (5) Number in order of birth 2 (6) Sex male (7) DATE OF BIRTH July 12, 1927
(Month of Birth) (Day) (Year)FATHER. (8) FULL NAME E. B. Ward(9) PRESENT POSTOFFICE OF FATHER Effingham(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 4MOTHER. (14) NAME BEFORE MARRIAGE Janie Collier(15) PRESENT POSTOFFICE OF MOTHER Effingham(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) 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 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Rhodes(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Effingham SC(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) W. H. Ward

(27) Filed (28) (29) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must sign this report. If a child breathes even once, it must not be reported as stillborn. No report is needed of a stillborn before the fifth month of pregnancy.