

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville  
 Township of Greenwood  
 OR  
 Inc. Town of Dillon  
 OR  
 City of SC (No. .... St.; ..... Ward)

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

File No. For State Registrar Only  
**90213**

Registration District No. 2308 Registered No. 26  
 (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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Wente Ware

(9) PRESENT POSTOFFICE OF FATHER Ninety Six S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Day labor

(20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Buford

(15) PRESENT POSTOFFICE OF MOTHER Ninety Six S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Greenwood S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Midwife Ninety Six S.C.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife ella Green

Given name added from a supplemental report

Ella Green

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

(27) Filed Dec 14 1916 (28) J. D. High 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.