

MARGIN RESERVED FOR INDEXING.

WHITE 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson  
Township of Buttern  
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

2994

Registration District No. 300

Registered No. 16  
(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

Brodnus Ware

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

(3) BOY OR

GIRL

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE

BIRTH Feb 11 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Ware

(9) PRESENT POSTOFFICE OF FATHER

Williamston S C

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Anderson S C

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Bell Conner

(15) PRESENT POSTOFFICE OF MOTHER

Buttern S C

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Buttern S C

(19) OCCUPATION

Day Labor

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

1

(21) 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 Aty. on the date above stated.

(Born alive or stillborn) Aty. 10 A.M. 10 P.M.

(23) (Signature)

Julia Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Buttern S C

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

Feb 23 1922

(28) Mrs J P Parker

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.