

MARGIN RESERVED FOR BINDING.
 WRITE PLEASELY WITH ENVELOPING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
 MEANS OF COLUMBIA, COLUMBIA, E. C.

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of <u>Grogg's Creek</u> 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 13359
		Registration District No. <u>107</u>		Registered No. <u>17</u> (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 <u>Pearl Wardlaw</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL? <u>Girl</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>May 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>William Wardlaw</u>		(14) NAME BEFORE MARRIAGE <u>Mary Wardlaw</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hazards S.S.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hazards S.S.</u>		
(10) COLOR OR RACE <u>Colored</u>		(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY (Years)
(11) AGE AT LAST BIRTHDAY (Years)		(18) BIRTHPLACE <u>Greenwood Co.</u>		
(12) BIRTHPLACE <u>Greenwood Co.</u>		(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farming</u>		(20) Number of children born to mother, including present birth <u>6</u>		
(21) Number of children of this mother now living, including present birth <u>5</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Mary Ryhard</u>				
(24) State whether Physician or Midwife <u>midwife</u>				
(25) Address of Physician or Midwife <u>Abbeville S.C.</u>				
Given name added from a supplemental report		(26) Witness		
		(Signature of Witness necessary only when question 23 is signed by mark)		
19 .. Registrar		(27) Filed <u>May 23, 1922</u> <u>E. K. Miller</u> 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.				