

Form No. 3

(1) PLACE OF BIRTH

County of OrangeburgTownship of CityInc. Town of OrangeburgCity of Orangeburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 36 Registered No. 154

(For use of Local Registrar)

(No. St. Ward)(2) Full Name of Child Carthon Mear Ward

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Ward(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Public Works(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret H. Baynes(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE W. Va. DC(19) OCCUPATION House Work(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jam. Reed(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 10-3 23 (28) W. H. P. H. 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.