

Form No. 3

(1) PLACE OF BIRTH

County of Orangeburg
 Township of City
 OF
 Inc. Town of
 OF
 City of Orangeburg S.C.
 (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

File No.—For State Registrar Only

29583

Registration District No. 36 Registered No. 154

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Earthen Mae Ward

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>William Ward</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C.</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(12) BIRTHPLACE <u>South Carolina,</u>
(13) OCCUPATION <u>Public Works</u>	(14) NAME BEFORE MARRIAGE <u>Margaret Baynes</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(18) BIRTHPLACE <u>South Carolina,</u>	(19) OCCUPATION <u>Public Works</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) BIRTHPLACE <u>Orangeburg S.C.</u>	(22) OCCUPATION <u>Public Works</u>
(23) Number of children born to mother, including present birth <u>2</u>	(24) Number of children of this mother now living, including present birth <u>2</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		

(23) I hereby certify that I attended the birth of this child, who was White at 6:23 M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Jane Reed(25) State whether Physician or Midwife (26) Address of Physician or Midwife
Midwife Orangeburg S.C.

Given name added from a supplemental report

(27) Witness

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

(28) Filed 10-2 23 (29) W. H. 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.