

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of Charleston

(City of

(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

27470

Registration District No. 1 A Registered No.

(For use of Local Registrar)

(No. 4 Meredy St. Lucas St.; Ward)(2) Full Name of Child William Ward If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

To be covered only in event of Twin or Triplet

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Sept 24th 1923

(Name Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Ward

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Painter

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lorraine Evans

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Elizabeth Richardson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

513 Rutledge Ave.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

1291923

(28)

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

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.