(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. In—For State Registrar Only
5427

County of Williamsburg
Township of Kingstree
or
Inc. Town of ....
or
City of ....

Registration District No. 4 P. H.: Registered No. 5
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. Keller Sanatorium Ward)

(2) Full Name of Child Baby Ward

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

(3) SEX	(4) Twin or Triplet	(5) Number in order of birth	(6) Legitimate	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Girl			Yes	Feb.	21	1923

(4) To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME: Edward Leroy Ward.
(9) PRESENT POSTOFFICE OF FATHER: Cades, S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Kingstree, S.C.
(13) OCCUPATION: Farmer.
(20) Number of children born to mother, including present birth: One

MOTHER

(14) MAIDEN NAME: Dora Eunice Eadd.
(15) PRESENT POSTOFFICE OF MOTHER: Cades, S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 20 (Years)
(18) BIRTHPLACE: Cades, S.C.
(19) OCCUPATION: Domestic-on farm.
(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. 30
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph M. Brace M.D.
(24) State whether Physician or Midwife: Phys.
(25) Address of Physician or Midwife: Kingstree, S.C.

(Given name added from a supplemental report)

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..... 19 ....
Registrar

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

(27) Filed Mch. 5 1923 (28) J. G. McCutchen
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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
R. B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and number them FIRST-BORN, No. 1. THIS OTHER, No. 2 etc., in question 4.