

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

57592

Registration District No. 40.018

Registered No. B.6

(For use of Local Registrar)

ST. Ward.

(2) Full Name of Child

Joe 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

3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 17, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Gary Ward

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg #2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Spartanburg

(13) OCCUPATION

Marines

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian McCalister

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Domestic

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. L. C. Zell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Spartanburg #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 8, 1916

(28)

A. G. Burton

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.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
McCauley of Columbia