(1) PLACE OF BIRTH

County of Greene

Township of ..... or

Inc. Town of ..... or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4089

Registration District No. 20 A Registered No. 50
(For use of Local Registrar)

(No. ..... St.) ..... Ward)

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

(2) Full Name of Child Carrie Ware (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl (4) Twin or Triplet? (5) Number in order of birth: (6) Are Parents Married? Yes DATE OF BIRTH (Name of Month) Feb (Day) 4 (Year) 22

To be answered only in event of Twins or Triplets

FATHER

(7) FULL NAME: Robert Ware

(8) PRESENT POSTOFFICE OF FATHER: Greene

(9) COLOR OR RACE: Col (10) AGE AT LAST BIRTHDAY: 29 Years

(11) BIRTHPLACE: Hartsville

(12) OCCUPATION: Laborer

(13) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Carrie Ware

(15) PRESENT POSTOFFICE OF MOTHER: Greene, S.C.

(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 17 Years

(18) BIRTHPLACE: Greene Co.

(19) OCCUPATION: Greene Domestic

(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 (Born alive or stillborn) at 1.00 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sue Wack

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

Given name added from supplemental report

..... 19 .....
Registrar

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

(27) Filed 2-9 1922 C. C. Crafton 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.

PENALTY FOR FAILURE, WITHOUT REASONABLE CAUSE, TO MAKE A BIRTH RETURN WITHIN THE TIME PRESCRIBED BY LAW, OR FOR MAKING A FALSE RETURN, NOT LESS THAN $10 NOR MORE THAN $100 FINE. (SEC. 3, ACT NO. 252, ACTS OF 1915.)

WHERE REGISTRATION OF BIRTHS IS NOT REQUIRED BY LAW, THIS CERTIFICATE SHOULD NOT BE FILED WITH THE REGISTRAR, BUT SHOULD BE PRESERVED BY THE FAMILY.

No. 11—Birth record of [illegible] born in the county of [illegible], State of South Carolina, and issued by the undersigned Registrar of Vital Statistics.