

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

43970

County of Greenville  
Township of Walnut Grove

Reg. Dist. No. 2914 Registered No. 11  
(For use of Local Registrar)  
City of Donauld S.C. R.F.D. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Type or Figure To be reported only in case of Twin or Triplets (5) Number in order of birth yes (6) DATE OF BIRTH July 3, 1923 (Signed of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Ramsey Ware (14) NAME BEFORE MARRIAGE Eva Kellam

(9) PRESENT RESIDENCE OF FATHER Greenville S.C. (15) PRESENT RESIDENCE OF MOTHER Donauld S.C. R.F.D.

(16) COLOR OR HAIR Black (17) AGE AT LAST BIRTHDAY 27 (18) COLOR OR HAIR Black (19) AGE AT LAST BIRTHDAY 26

(20) BIRTHPLACE Greenville Co. S.C. (21) BIRTHPLACE Greenville Co. S.C.

(22) OCCUPATION Electrician (23) OCCUPATION Housewife

(24) Number of children born to mother, including present birth 4 (25) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(27) (Signature) Anna Chickescales

(28) State whether Physician or Midwife Midwife (29) Address of Physician or Midwife Ward Spauld S.C.

Given name added from a supplemental report

(30) Witness Mrs. J.B.D. Sherman (Signature of Witness necessary only when question 28 is signed by mark)

(31) Date Feb. 9, 1924 (32) Mrs. J.B.D. Sherman 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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