

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

37752

Registration District No.

Registered No.

(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 Isley A. Ward

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

3 SEX OR  
GIRL4 Twin  
or Triplet(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married

(7) DATE OF

BIRTH May 20, 1923  
(Name of Month) (Day) (Year)8 FULL  
NAME

FATHER.

9 PRESENT  
POSTOFFICE  
OF FATHER10 COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY40  
(Year)

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to  
mother, including present birth

10

(14) NAME BEFORE  
MARRIAGE

MOTHER.

(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY37  
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.(Here give month, day, and year.) at 3:00 P.M.  
(Hour) (M. or P. M.)(23)  
(24)

(Signature)

Physician or Midwife

(25) Address of Physn.

or Midwife

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 25 is signed by mark)19  
Registrar

(27) Filed

19

(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.If a child breathes even once, it must not be reported as stillborn.  
before the fifth month of pregnancy.