

South Carolina State Board of Health

BUREAU OF VITAL STATISTICS

42805

## STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County GreenvilleMunicipality Saluda

2. FULL NAME OF CHILD

Clarence Ward

3. Sex of child

Male

To be answered only in event of plural births.

4. Twin, triplet, or other

5. Number, in order of birth

6. Previous

Yes

7. Date of birth

Dec 28  
(Month) (Day) (Year)

8. Full name

FATHER

Henry J. Ward

9. Full name

MOTHER

Angeline Howard

10. Residence (Usual place of abode)

If convenient, give place and State Saluda, S.C. R.D. #1  
Greenville Co. S.C.

11. Residence (Usual place of abode)

If convenient, give place and State Saluda, S.C. R.D. #1  
Greenville Co. S.C.

12. Color or race

White13. Age at last birthday 23 (Years)

14. Color or race

White15. Age at last birthday 18 (Years)

16. Birthplace (city or place) (State or country)

Anderson Co. S.C.

17. Birthplace (city or place) (State or country)

Greenville Co. S.C.

18. Occupation

Nature of industry

Farmer

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1(b) Born alive, but now dead 0(c) Stillborn 0

21. Did you use drops in baby's eyes at birth to prevent blindness?

Yes If not, why not?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was

born alive (Born alive or stillborn)7 PM (Hour, a.m. or p.m.)

23. (Signature)

(State whether physician or midwife)

24. P.O.

Saluda, S.C.

Given name added from supplemental report

25. Witness

(Signature of witness)

26. Date

Dec 28

27. Time

12:20

28. P.O.

Saluda, S.C.

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 is reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.