

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 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 2.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Donald
 or
 Inc. Town of
 or
 City of Donald S.C. R. # 1 (No. St. Ward)
 (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

Form 1.—For State Registrar Only
8963

Registration District No. 105 Registered No. 29
 (For use of Local Registrar)

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

(3) SEX OF CHILD girl (4) Twin or Triplet
 To be answered only in case of Twin or Triplet (5) Are Parents Married Y (7) DATE OF BIRTH April 16, 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Ernest Ware
 (9) PRESENT POSTOFFICE OF FATHER Donald S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 39
 (Year) (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 9

MOTHER
 (14) NAME BEFORE MARRIAGE Viola Ware
 (15) PRESENT POSTOFFICE OF MOTHER Donald S.C.
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 35
 (Year) (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10 19 23 (28) [Signature] 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.

Registrar [Signature] Local Registrar [Signature]
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