

## (1) PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of Columbia

(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

File No. — For State Registrar Only

2353

Registration District No. 28aRegistered No. 1028

(For use of Local Registrar)

(No. 8C Baptist Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of Birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Jan. 18, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Sparkman Ward

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

Georgetown, S.C.

(13) OCCUPATION

Civil engineer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Venable Flournoy

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33 (Years)

(18) BIRTHPLACE

Ky.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:50 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Lindsay Peters, M.D.(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled

10

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, housewife, or other person should make report as directed on the back of this certificate before the fifth month of pregnancy.

a supplemental report

(Date of)

Registrar

Address

Woodruff St.

Mother

Filed

SEP 18 1941, 19

Martin B. Woodward, M.D.