

(1) PLACE OF BIRTH

County of Cherokee
 Township of Hopewell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

20702

Registration District No. 206Registered No. 12

(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 James Ware

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH

July 8 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Meedy Ware

(9) PRESENT POSTOFFICE OF FATHER

Dallas GA

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

MOTHER.

(14) NAME BEFORE MARRIAGE

Ozalee Ware

(15) PRESENT POSTOFFICE OF MOTHER

Dallas GA

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

(19) OCCUPATION

House Wife

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

16

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 midwife)

(27) Filed

July 15 22

(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.