

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of .....  
 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

32685

Registration District No. 4312 Registered No. 21  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Wm. Nelson Ward

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Ward  
 (9) PRESENT POSTOFFICE OF FATHER Andover SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE Williamsburg Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Lambert  
 (15) PRESENT POSTOFFICE OF MOTHER Andover SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Williamsburg Co  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Hix Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Andover SC

Given name added from a supplemental report

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

(27) Filed Sept. 23, 1922 (28) J. H. Kinnel 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.

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 5.