CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71185

(1) PLACE OF BIRTH

County of Anderson

Township of "

or

Inc. Town of "

or

City of "

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

Registration District No. 3 A. Registered No. 284
(For use of Local Reistrar)

(No. St.; Ward)

(2) Full Name of Child. Gladest Ward

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

(3) ~~BOY~~ OR 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 Aug 6, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Ward

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE Wht

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Millhand

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE ~~Ed~~ Ready Sandy

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE Wht

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Housework

(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 (Born alive or stillborn) at 6.9 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) J. B. Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191..

Registrar

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

(27) Filed .....191.... (28) J. B. Boyd
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.

Local Registrar

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PLAINLY, WITH INK. IF TWIN OR TRIPLET, USE A SEPARATE BLANK. See back of this blank.
IN CASE OF TWIN OR TRIPLET, GIVE FIRST-BORN NO. 1, THE OTHER NO. 2, etc., in question 5.

McGaw, of Columbia