

Form No. 1

(1) PLACE OF BIRTH
County of Williamsburg
Township of Perm
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
54090

Registration District No. 4308 Registered No. 22
(For use of Local Registrar)
St.; Ward)
City of (No. instead of street and number.)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wesley Ward, jr. } 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 1 (6) Are Parents Married? no (7) DATE OF BIRTH march 29th 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets.

FATHER.

(8) FULL NAME Wesley Ward
(9) PRESENT POSTOFFICE OF FATHER Bryan, S. C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Williamsburg Co. S. C.
(13) OCCUPATION farm laborer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Brown
(15) PRESENT POSTOFFICE OF MOTHER Bryan, S. C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Williamsburg Co. S. C.
(19) OCCUPATION farm laborer
(20) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Smith
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness Henry Faison
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 29th 1916 (28) Albert P. Moseley Local Registrar.

N. 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 5.

*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.