

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Permor
Inc. Town ofor
City of(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

Hesley 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
To be answered only in event of twins or triplets.(6) Are Parents Married? No(7) DATE OF BIRTH March 28th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hesley 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

Farmer laborer(20) 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

Farmer laborer(21) 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.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) James Scott

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Bryan, S. C.

Given name added from a supplemental report

....., 191.....

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Registrar

(26) Witness

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

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.