Form No. 1.

(1) PLACE OF BIRTH

County of Williamsburg

Township of Lutheran

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
66661

Registration District No. 412 Registered No. 18
(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. Dossie Pearl Ward

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth (to be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH June 6 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Ward

(9) PRESENT POSTOFFICE OF FATHER Andrews

(10) COLOR OR RACE White | (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Cedar Creek

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula West

(15) PRESENT POSTOFFICE OF MOTHER Andrews

(16) COLOR OR RACE White | (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Lutheran S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 30 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Ht. Midwife

(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 7 June 1916 (28) R. H. Hutchinson
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.

McCaw, of Columbia.

WHITE PLAINLY, WITH INK AVOIDING ERASURES OR CORRECTIONS. LANGUAGE MUST NOT BE ABBREVIATED. THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.