

(1) PLACE OF BIRTH

County of

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.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No.

File No.—For State Registrar Only

6892

Registered No. (For use of Local Registrar)

St.; (Ward)

(2) Full Name of Child

Francis Jerleen Ward

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 21, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. G. Ward

(9) PRESENT POSTOFFICE OF FATHER

Awendaw S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38

(12) BIRTHPLACE

Berkley Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Gilion G. White

(15) PRESENT POSTOFFICE OF MOTHER

Awendaw S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Awendaw S.C.

(19) OCCUPATION

Home Duties

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... at... M. or P. M. on the date above stated.

(23) (Signature)

Florence La Nettles

(24) State whether Physician or Midwife

Midwife

Address of Physician or Midwife

Awendaw S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 29, 1922

(28)

J. L. Kinsey 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.

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