

Form No. 1.

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

48384

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 19 1901

(Month of Month) (Day) (Year)

(8) FULL NAME

Paul Ward

(9) PRESENT POSTOFFICE OF FATHER

Wm. H. Ward

(10) COLOR OR RACE

Colored

(11) BIRTHPLACE

Christ Church Parish

(12) OCCUPATION

Farmer

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

1

(14) NAME BEFORE MARRIAGE

Carrie A. Ward

(15) PRESENT POSTOFFICE OF MOTHER

Wm. H. Ward

(16) COLOR OR RACE

Colored

(17) BIRTHPLACE

Christ Church Parish

(18) OCCUPATION

Farmer

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

1

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(21) (Signature) Carrie A. Ward

(22) State whether Physician or Midwife

Midwife

(23) Address of Physician or Midwife

Wm. H. Ward

(24) Given name added from a supplemental report

None

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

Wm. H. Ward

(26) Filed

None

(27) Local Registrar

None

(28) When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child becomes even once, it must be reported to the local health officer.

None

MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 1.—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.

McCauley, of Columbia.