

Form No. 1

(1) PLACE OF BIRTH

County of Silton  
Township of .....  
or  
Inc. Town of Silton  
or  
City of .....

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

File No.—For State Registrar Only  
**42053**

Registration District No. 16 Registered No. 100  
(For use of Local Registrar)

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

(2) Full Name of Child Morina 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 Dec 19 1932  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Wilton S. Ward  
(9) PRESENT POSTOFFICE OF FATHER Silton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
(Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION Contractor  
(20) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lita Herring  
(15) PRESENT POSTOFFICE OF MOTHER Silton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42  
(Years)  
(18) BIRTHPLACE Silton S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born at 10 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ardena Belcher  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silton 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 12/27 1932 (28) B. F. Wilson 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.

MCGRAW OF COLUMBIA, COLUMBIA, M. C.