

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Center
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

FILE No.—For State Registrar Only

01158

Registered No. _____
(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 Annie Mae Ford { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Dec 3, 1922
(Month, day, year)

9. Full name J. W. Ford FATHER 18. Name before marriage Mattie Hammond MOTHER

10. Residence (mailing address) Edgewood Se 19. Residence (mailing address) Edgewood Se
(If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 45 (years) 20. Color or race W 21. Age at child's birth 37 (years)

13. Birthplace (city or place) Pullman Co. S. C. 22. Birthplace (city or place) Richland Co. S. C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 5 (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6 PM m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from _____
a supplementary report _____
(Date of) _____

(Signed) Mattie Ford Parent

or _____ Guardian

Address B. Lamy & Co. 10-3

Filed June 29, 1923 A. Riser M.D.

Registrar.