

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

22 049414

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Richland

STATE OF SOUTH CAROLINA

01158

Township of Center

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of

Registration District No. 3801

Registered No.
(For use of Local Registrar)

City of

(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 Married? Yes 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
(If non-resident, give place and State)

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) Pullaud Co S.C.
(State or country)

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.

(Signed) Mattie Ford Parent

Given name added from a supplementary report (Date of)

or Guardian
Address B. Loney & Co. Fall 3

Filed June 29, 1943 A. Riser M.D. Registrar.

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.)