

(1) PLACE OF BIRTH

County of Adams
 Township of Center
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
21002

Registration District No. 3500 Registered No. 1,025
 (For use of Local Registrar)

(2) Full Name of Child Ford Lee Herring
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Sex Male (M) or Female (F) Male Date of Birth 4/25/23
 (Name of Month) (Day) (Year)

FATHER.
 (1) Full Name H. Grody Herring
 (2) Present Postoffice of Father Four Play, S.C.
 (3) Color or Race White (4) Age at Last Birthday 33 (Years)
 (5) Birthplace Georgia
 (6) Occupation farmer
 (7) Number of children born to mother, including present birth 4

MOTHER.
 (1) Name before Marriage Nobil J. Buffington
 (2) Present Postoffice of Mother Four Play S.C.
 (3) Color or Race White (4) Age at Last Birthday 26 (Years)
 (5) Birthplace Georgia
 (6) Occupation farmer
 (7) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (28) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (How A. M. or P. M.)
 on the date above stated.
 (29) (Signature) W. C. May (30) Address of Physician or Midwife M. D.
 (31) State whether Physician or Midwife

Given name added from a supplemental report
Fannie Lantry
Oct. 19 1923

(32) Witness (Signature of Witness necessary only when question 28 is signed by mother)
A. P. Martin
 (33) Filed May 17, 1923 (34) 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.