

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Worcester  
Township of Summersville  
or  
Inc. Town of.....  
or  
City of.....

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

Registration District No. 17A

File No.—For State Registrar Only  
**42157**

Registered No. 84  
(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 Felicia Ford

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 14 1922  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Isaac Ford  
(9) PRESENT POSTOFFICE OF FATHER Summersville St.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 50 (Year)  
(12) BIRTHPLACE Summersville St.  
(13) OCCUPATION Painter  
(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Felicia Glover  
(15) PRESENT POSTOFFICE OF MOTHER Summersville St.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Year)  
(18) BIRTHPLACE Orangeburg St.  
(19) OCCUPATION Horse keeper  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) P. Fishburne Summersville  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summersville

Given name added from a supplemental report

(26) Witness.....  
(Signature of Witness necessary only when question 23 is signed by Mark)

(37) Filed Dec 27 1922 (28) P. J. Lorton 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.