

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.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
42157

Registration District No. 17A..... Registered No. 80.....
 (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 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 15 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Israel Ford
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 50
 (12) BIRTHPLACE Summerville S.C.
 (13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Felicia Glover
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 50
 (18) BIRTHPLACE Worcester S.C.
 (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 9

(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 white..... at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. Fishburn
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by Mark)
 (27) Filed Dec 27 1922 (28) P. S. 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.