

(1) PLACE OF BIRTH

County of *Fisher*Township of *Wadesville*or
Inc. Town of

City of

(No. St.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1600*

File No.—For State Registrar Only

*1644*Registered No. *1*
(For use of Local Registrar)(2) Full Name of Child *Joseph Ford*

(If child is not yet named, make supplemental report as directed)

(7) BOY OR GIRL
Boy

(4) Twin or Triplet?

(3) Number in order of birth

(8) Are Parents Married?
Yes

(7) DATE OF BIRTH

Nov. 3rd 1922
(Name of Month) (Day) (Year)

To be entered only in case of Twins or Triplets

FATHER.

(9) FULL NAME

Solomon Ford

(8) PRESENT POSTOFFICE OF FATHER

Memphis, Tenn.

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY.....*21*.....
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth *Two*

MOTHER.

(14) NAME BEFORE MARRIAGE

Edith Gadsden

(15) PRESENT POSTOFFICE OF MOTHER

Sheldon S.C.

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY.....*21*.....
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3:40 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Annie Hepp*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Louis Ford*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *1/21/23* 19 *21* (28) *L. J. Gadsden*
Registrar 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.