

MARCH 1915

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 1.

Form No. 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		37430	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of		State Board of Health		Registration District No. <u>3812</u>	
Inc. Town of		Registered No. <u>37430</u>		(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>Calley Place</u>)		(Name 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 <u>Edson Hugh Ford</u>					
(a) SEX OF CHILD <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number in Order of Birth <u>1</u>	(d) Date of Birth <u>Nov. 29, 1914</u>	(e) Time of Birth <u>2:30</u>	
FATHER.			MOTHER.		
(1) NAME OF FATHER <u>William Gibson Ford</u>			(1) NAME OF MOTHER <u>Pearle Moore</u>		
(2) PRESENT RESIDENCE OF FATHER <u>Columbia, S.C.</u>			(2) PRESENT RESIDENCE OF MOTHER <u>Columbia, S.C.</u>		
(3) COLOR OF FATHER <u>White</u>	(4) AGE AT LAST BIRTHDAY <u>29</u>	(5) COLOR OF MOTHER <u>White</u>	(6) AGE AT LAST BIRTHDAY <u>21</u>		
(7) BIRTHPLACE OF FATHER <u>Columbia, S.C.</u>			(7) BIRTHPLACE OF MOTHER <u>Whiteland, S.C.</u>		
(8) OCCUPATION OF FATHER <u>Physician</u>			(8) OCCUPATION OF MOTHER <u>Housewife</u>		
(9) Number of children born to mother, including present birth <u>2</u>			(9) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(10) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(11) (Signature) <u>Dr. W. D. ...</u>					
(12) State whether Physician or Midwife					
(13) Address of Physician or Midwife <u>Physician, Columbia, S.C.</u>					
Given name added from a supplemental report					
(14) Witness (Signature of Witness necessary only when question 10 is signed by mark)					
(15) Time when born <u>Nov. 29, 1914</u>					
(16) Name of Registrar <u>W. D. ...</u>					

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.

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