

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18397

Registration District No. 160.3. Registered No. 79.
(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

Olyde Ford

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

3 BOY OR GIRL

4 Twin or Triplet?

5 Number in order of birth
To be answered only in event of Twins or Triplets

6 Are Parents Married?

7 DATE OF

BIRTH *June 1, 1912*
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

12 BIRTHPLACE

13 OCCUPATION

14 Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY *2-4*
(Years)

MOTHER.

14 NAME BEFORE MARRIAGE *Miss Frances Ford*15 PRESENT POSTOFFICE OF MOTHER *Wicks Co. R. 1, S. C.*16 COLOR OR RACE *White*

18 BIRTHPLACE

19 OCCUPATION

21 Number of children of this mother now living, including present birth *3*(17) AGE AT LAST BIRTHDAY *2-4*
(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 P. M.*,
on the date above stated. (Born alive or Stillborn) Hour A. M. or P. M.(23) (Signature) *W. H. Lake View, S. C.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *6/9-1912*(28) *W. H. Lake View, S. C.*

(29)

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 if stillborn before the fifth month of pregnancy.

MAINTAIN RECORDS OF BIRTHS IN AN APPROPRIATE MANNER FOR EACH CHILD. IN QUESTION 2, IF THE CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED. WHEN THERE IS 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 IF STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.