

(1) PLACE OF BIRTH

County of Calhoun

Township of Wardlaw

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

45931

Registration District No. 1409 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Thomas Ford { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jun. 30 6  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Ford  
 (9) PRESENT POSTOFFICE OF FATHER Ritter, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Calhoun Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Grinke  
 (15) PRESENT POSTOFFICE OF MOTHER Ritter, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE Calhoun Co. S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Thomas Ford

(24) State whether Physician or midwife (25) Address of Physician or Midwife Ritter, S.C.

Given name added from a supplemental report

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

(27) File Jun 30 6 (28) Wm. L. Packett 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.

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