Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 30815

(1) PLACE OF BIRTH

County of Lexington

Township of Buffalo
or
Inc. Town of .....
or
City of .....

Registration District No. 5700 Registered No. 92 (For use of Local Registrar)

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

(2) Full Name of Child Ada Hartford (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 10 1932 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Hartford

(9) PRESENT POSTOFFICE OF FATHER Lexington SC #5

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Miller

(15) PRESENT POSTOFFICE OF MOTHER Lexington #5

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Thompson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lexington #6

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness C. A. McCaskill
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... 19 .... J. A. McCaskill
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.

N. B.—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 OTHERS, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.