

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of Cutaw
 or
 Inc. Town of

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

File No.—For State Registrar Only

41112

Registration District No. 708 Registered No. 119
 (For use of Local Registrar)

City of (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 Juta 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 Dec 28 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Ford
 (9) PRESENT POSTOFFICE OF FATHER Bonneau, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Berkley Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 14

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Smale
 (15) PRESENT POSTOFFICE OF MOTHER Bonneau S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Berkley Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 day
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Hedden(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 22 DW Cross
 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of a stillbirth, the placenta must be retained as a separate blank form each child, and mark the FIRST-BORN, No. 1. This Office, No. 2, etc., in question 5.