

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

14488

Name of ... James Ford
 Locality of ... Summerville
 or Town of ... Summerville
 or City of ... Summerville (No. ... St. ... Ward ...)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child James Ford (If child is not yet named, make supplemental report as directed)

(2) Sex of Child Male (3) Date of Birth July 19, 1923
 (4) Time of Birth 10 P.M. (5) Place of Birth Summerville

FATHER
 (6) Name of Father James Ford
 (7) Present Residence of Father Allsbrook S.C.
 (8) Color of Father Colored (9) Age of Father 30
 (10) Birthplace of Father Allsbrook S.C.
 (11) Occupation of Father Public Works
 (12) Number of children born to mother, including present birth 1

MOTHER
 (13) Name of Mother Ann Musley
 (14) Present Residence of Mother Allsbrook
 (15) Color of Mother Colored (16) Age of Mother 18
 (17) Birthplace of Mother Allsbrook S.C.
 (18) Occupation of Mother House Keeping
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was born live at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) Signature of Physician or Midwife Dr. J. H. ...
 (22) Address of Physician or Midwife Summerville

Given name added from a supplemental report
 (23) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (24) Date July 19, 1923 (25) 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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