

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Richmond
 Township of North
 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
7708

Registration District No. 3126 Registered No. 6
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8, 1929</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Andy Ward</u>		(14) NAME BEFORE MARRIAGE <u>Eva Love</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>June SE</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>June SE</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <u>La. Co</u>		(18) BIRTHPLACE <u>La. Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) RE M. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Dr. Adams

Given name added from a supplemental report

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

(27) Filed
 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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