

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Harrisburg
 Inc. Town of Harrisburg
 City of Harrisburg

CERTIFICATE OF BIRTH

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

File No. 40113
 For State Registrar Only

Registration District No. 19-a Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child Tolley 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 9, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Butler Ford
 (9) PRESENT POSTOFFICE OF FATHER Harrisburg S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Harrisburg S.C.
 (13) OCCUPATION Labourer
 (14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie McBratton
 (15) PRESENT POSTOFFICE OF MOTHER Harrisburg S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Harrisburg S.C.
 (19) OCCUPATION Wash woman
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Annie McBratton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harrisburg

(Given name added from a supplemental report)

(26) Witness Mrs. Margaret Haynes
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 14, 1923 (28) C. H. Rayner
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.
 Bureau of Columbia, Columbia, S. C.