

N. R.—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 5.

(1) PLACE OF BIRTH

County of Cherokee  
 or  
 Inc. Town of Dyersville  
 or  
 City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18766

Registration District No. 2202

Registered No. 34  
 (For use of Local Registrar)

(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 William Richardson Ford

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF

BIRTH March 25 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. A. Ford

(9) PRESENT POSTOFFICE OF FATHER

Dyersville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY 20  
 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Beckie M. Perkins

(15) PRESENT POSTOFFICE OF MOTHER

Dyersville

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY 17  
 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(21) 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, \_\_\_\_\_ at \_\_\_\_\_ M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 11 1922 (28) W. A. Jones  
 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.