

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Camden  
 Inc. Town of .....  
 City of .....

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

No. 39906

Registration District No. 1601 Registered No. ....  
 (For use of Local Registrar)

St. .... Ward)  
 (No. ....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boyd 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) DATE OF BIRTH Feb 12 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Boyd Stephens  
 (9) PRESENT POST OFFICE OF FATHER Dillon SC, R.D. 4  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE SC.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 2

MOTHER.  
 (15) NAME BEFORE MARRIAGE Rosene Ford  
 (16) PRESENT POST OFFICE OF MOTHER Dillon SC, R.D. 4  
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 34  
 (19) BIRTHPLACE SC.  
 (20) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Dr. Michael  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Dillon SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 1923 (28) 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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