

WRITE PLAINLY, WITH UNFADING 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 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Sumter
Township of Prattville
or
Inc. Town of
or
City of (No. St.; Ward)
(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
24076

Registration District No. 4104. Registered No. 54
(For use of Local Registrar)

(2) Full Name of Child Walter 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 answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 30, 1944</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Earnest Ford</u>			14) NAME BEFORE MARRIAGE <u>Pauline Johnson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Trindal SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Trindal SC</u>	
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>Sumter County</u>			18) BIRTHPLACE <u>Sumter Co.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>Three</u>			21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Catherine H. Ford
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trindal SC

Given name added from a supplemental report

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

(27) Filed July 8, 1944 (28) Gas T. Brogdon 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.