

(1) PLACE OF BIRTH

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

File No. — For State Registration  
22038

County of Dever.....

Township of W. 4th.....

Inc. Town of.....

OF

Registration District No. 3206.. Registered No. 80.....  
(For use of Local Registrar)

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

2. BOY OR GIRL <i>Bm</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex Female <i>yes</i>	BIRTH DATE (Month) (Day) (Year) <i>11 2 70</i>
				MOTHER

FATHER. (10) NAME BEFORE ELA Johnson

NAME Wiley B. Stevens (10) PRESENT Wiley B. Stevens

PRESENT POST-OFFICE OF FATHER Waltham, SS, R.I. 4 POST-OFFICE OF MOTHER Waltham (17) AGE AT LAST 39

(10) COLOR OR *h* (11) AGE AT LAST BIRTHDAY *39* (12) COLOR OR RACE *W* BIRTHPLACE *USA*

(12) BIRTHPLACE Abbeville St.

15. OCCUPATION Jackman W. N.S. (THE OCCUPATION 7/8)

Farmer: \_\_\_\_\_

(2) Number of children born to \_\_\_\_\_ 9 \_\_\_\_\_

(3) Number of children of this mother now living, including present birth \_\_\_\_\_ 27 \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR

(22) I hereby certify that I attended the birth of this child, \_\_\_\_\_ (Name of child) \_\_\_\_\_  
on the date above stated. \_\_\_\_\_ (Name of physician or midwife)

(28) (Signature) \_\_\_\_\_  
(34) State whether Physician or Midwife \_\_\_\_\_

Information added from a supplementary source.

(26) Witness ..... (Signature of Witness Necessary only when question 23 is signed by mark)

(97) Find the 8... 1033. (26) ...  
... make this return

When there was no attending physician or midwife, then the father, householder, etc., should make the report. No report is desired of stillbirths if, in fact, it must not be reported as stillborn.

If a child breathes even once, " before the fifth month of pregnancy."