

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 14or
Inc. Town ofor
City of

(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

10365

Registration District No. 1913 Registered No. 41
(For use of Local Registrar)(2) Full Name of Child Anna Ashford (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL Girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Feb. 7, 1913
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jacob Ashford9) PRESENT POSTOFFICE OF FATHER Minnersboro, S.C.10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 21
(Year)12) BIRTHPLACE Fairfield Co.13) OCCUPATION Farm Laborer14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Ella Docke15) PRESENT POSTOFFICE OF MOTHER Minnersboro, S.C.16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 29
(Year)18) BIRTHPLACE Fairfield Co.19) OCCUPATION Housewife20) 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 (Born alive or stillborn) (Hour & M. or P. M.)
on the date above stated.(23) (Signature) David B. Burch (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Minnersboro, S.C.

(When name added from a supplemental report)

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

(27) Filed Mar 10 1913 (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.