

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

72978

Registration District No. 2208 Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH Aug. 28, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sammy M. Ford

(9) PRESENT POSTOFFICE OF FATHER

Campobello St.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

Greenville Co. S.C.

(13) OCCUPATION

Farming

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Campobello St.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.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

Physician

Greenville St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1914

(28)

G. V. Phillips

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.