

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
Township of Hebron
OR
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only
43767

Registration District No. 3304 Registered No. 158
(For use of Local Registrar)

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

(2) Full Name of Child Maryford

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ernest Ford
(9) PRESENT POSTOFFICE OF FATHER Clis S E
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20
(12) BIRTHPLACE SE
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Berta Woodley
(15) PRESENT POSTOFFICE OF MOTHER Clis S E
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE SE
(19) OCCUPATION Labourer
(21) 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 Alive on the date above stated. (Born alive or stillborn) (Here A. M. or P. M.) 3:30 P. M.

(23) (Signature) Midwife Jane B. ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed Dec 14 22 (28) W. H. Woodley 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 6.

MOGAW OF COLUMBIA, COLUMBIA, S. C.