

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Hebron

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.) (No. St.; Ward)

(2) Full Name of Child Mary Ford Sene

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

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 14 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Ernest Ford Sene

(14) NAME BEFORE MARRIAGE

Berta Woodley

(9) PRESENT POSTOFFICE OF FATHER

Clis S.E.

(15) PRESENT POSTOFFICE OF MOTHER

Clis S.E.

(10) COLOR OR RACE

Cul

(11) AGE AT LAST BIRTHDAY

10
(Years)

(16) COLOR OR RACE

Cul

(17) AGE AT LAST BIRTHDAY

18
(Years)

(12) BIRTHPLACE

S.E.

(18) BIRTHPLACE

S.E.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Labourer

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

1

(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.

(23)

(Signature)

Midwife Jane B. Butler

(24)

State whether Physician or 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.