

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72795

## (1) PLACE OF BIRTH

County of F. LaurensTownship of Peckor  
Inc. Town of .....or  
City of .....Registration District No. 2013 Registered No. 50

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fernie Berilla Ford

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married? no(7) DATE OF BIRTH Aug. 12, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Davis

(9) PRESENT POSTOFFICE OF FATHER

Kingsburg

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

Kingsburg

(13) OCCUPATION

Farming

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

{ 2 }

## MOTHER.

(14) PRESENT POSTOFFICE OF MOTHER

Nila Brantille  
unmarried

(15) PRESENT POSTOFFICE OF MOTHER

Kingsburg

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Kingsburg

(19) OCCUPATION

Farming S.C.

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

{ 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 o'clock Morning on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife Birra Balin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 16 1916 (28) W. H. Boston  
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.

MARGIN RESERVED FOR BINDING. 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.

McCaw, of Columbia.