

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Chillicothe  
 or  
 Inc. Town of.....  
 or  
 City of .....

# CERTIFICATE OF BIRTH

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

No. 14- for State Registrar only  
**30047**

Registration District No. 142.3 Registered No. 149  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child

(3) SEX <u>Girl</u>	(4) Type or Token To be entered only in event of Twin or Triplets	(5) Number in order of birth	(6) Age in weeks at birth	(7) DATE OF BIRTH <u>Jan 19 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles H. Ford</u>			(14) NAME BEFORE MARRIAGE <u>Mary Ford</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake View</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake View</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Dillon County</u>			(18) BIRTHPLACE <u>Dillon County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.  
 (23) (Signature) P. J. [Signature]  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Lake View

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed "M")

(27) Filed 12-21 1923 (28) Registrar

When there was no attending physician or midwife, then the father, householder, or other person must report the birth before the fifth month of pregnancy.