

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 07

OF

Inc. Town of

OF

City of

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

(2) Full Name of Child Caleb FordFile No. For State Registrar Only
30077Registration District No. 7906Registered No. 66

(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 17 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Ford(9) PRESENT POSTOFFICE OF FATHER Nelson SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Fairfield County SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Ford(15) PRESENT POSTOFFICE OF MOTHER Nelson SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Fairfield County SC(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Hudson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wilmington SC

Given name added from a supplemental report

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

(27) Filed 9/16 22 (28) L. C. Hudson 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MAGAY OF COLUMBIA, COLUMBIA, S. C.