

State Board of Health

(1) PLACE OF BIRTH  
County of Laurens .....  
Township of .....  
or  
Inc. Town of ..... Registration District No. .....  
or  
City of Laurens ..... (No. .... Street, ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**19233**

Only

(2) Full Name of Child **Mildred Elesie Ford** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <b>Girl</b>	(4) Twin or Triplet? <b>1st</b>	(5) Number in order of birth <b>1</b> (To be answered only in case of Twins or Triplets)	(6) Age of Father Married?	(7) DATE OF BIRTH <b>June 4, 1922</b> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME **John E. Ford**

(9) PRESENT POSTOFFICE OF FATHER **Laurens SC**

(10) COLOR OR RACE **White**

(11) AGE AT LAST BIRTHDAY **30**  
(Years)

(12) BIRTHPLACE **SC**

(13) OCCUPATION **Rail Road worker**

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH { **2**

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER **Laurens SC**

(16) COLOR OR RACE **white**

(17) AGE AT LAST BIRTHDAY **20**  
(Years)

(18) BIRTHPLACE **SC**

(19) OCCUPATION **Domestic**

(20) 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 **10 A.M.**, (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) **J. M. Deardurff**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
**MD Laurens SC**

Given name added from a supplemental report  
..... 191.....  
..... Registrars.....

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

(27) FILED **6/8/22** (28) **C. Kennedy**  
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.

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