

(1) PLACE OF BIRTH

County of SullivanTownship of Hillsboroor Town of Fork S.C.

City of

(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

64061

Registration District No. 1603 Registered No. 70
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Phoebe Ford { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy(4) Twin or Triplet? ✓(5) Number in order of birth: 7(6) Are Parents Married? ✓(7) DATE OF BIRTH June 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Foster Ford(9) PRESENT POSTOFFICE OF FATHER May S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farm hand(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Liget(15) PRESENT POSTOFFICE OF MOTHER Fork S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION field hand(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 12 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Anna Page(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Fork S.C.

Given name added from a supplemental report

(26) Witness E. J. Field

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

(27) Filed June 17 1916(28) N. N. S. Field
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.