

(1) PLACE OF BIRTH

County of Sumter
 Township of Shiloh
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16929

Registration District No 4-10-7Registered No. 52
(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 Felix 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Delgar Ford(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Comella Johnson(15) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) Lizzie X. E. E.(24) State whether Physician or Midwife Midwife(25) Signature of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report

(26) Witness

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

1922 Registrar

(27) Filed 6-3 1922

(28)

J. B. McEwen
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.