

Form No. 1

(1) PLACE OF BIRTH

County of Taunfeld
Township of 4
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

Registration District No. 1903

File No.—For State Registrar Only

40120

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Jessie Mae Ashford

If child is not yet named, make supplemental report as directed

(3) SEX
GIRL

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Name of Mother

(7) DATE OF BIRTH
Dec 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Will Ashford

(9) PRESENT POSTOFFICE OF FATHER

Murreilton

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Taunfeld

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Dolly Ashford

(15) PRESENT POSTOFFICE OF MOTHER

Murreilton

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Taunfeld

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Amanda Walker

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Signed Jan 10 1924 (27) W. J. Johnston 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.