

(1) PLACE OF BIRTH

County of Dillon
Township of Hillsboroor
Inc. Town ofor
City ofCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

17418

Registration District No. 1603 Registered No. 58
(For use of Local Registrar)(2) Full Name of Child Richard Allen Ford (No. 1 of 1 child) (St. 1 of 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) Full Name of Child Richard Allen Ford (If child is not yet named, make supplemental report as directed)

(1) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Previous Marriages	(7) DATE OF BIRTH <u>June 8, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Ford</u>			(14) NAME BEFORE MARRIAGE <u>Joseph Page</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Lake View, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Lake View, S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(13) BIRTHPLACE <u>Dillon Co.</u>		(16) BIRTHPLACE <u>Dillon Co.</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M.,
on the date above stated. (Was always stillborn) (Hour A.M. or P.M.)(23) (Signature) Ira Calvin (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness C. R. Hayes
(Signature of Witness necessary only when question 23 is signed "stillborn")(27) Filed 6/16 1923 (28) C. R. Hayes 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.