

Form No. 10.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia

(1) PLACE OF BIRTH

County of SpartanburgTownship of Richhill

In. Town of

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

44681

Registration District No. 4007 Registered No. 145

(For use of Local Registrar)

(2) Full Name of Child James Williams Ford If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 23, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Douglas Monroe Ford(9) PRESENT POSTOFFICE OF FATHER Greer, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Greer(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Helma Arabelle Luther(15) PRESENT POSTOFFICE OF MOTHER Greer(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Pelham, S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. W. Ford (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer, S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 2, 1916 (28) J. W. Ford 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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