

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH  
County of **Darlington**  
Township of .....  
or  
Inc. Town of **Hartsville**  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

958

Registration District No. **13B** Registered No. **7**  
(For use of Local Registrar)

(No. **1213 011 Mill** St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Willie Grace Ford** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan. 12/22**  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <b>John Ford</b>	(14) NAME BEFORE MARRIAGE <b>Lida Scott</b>		
(9) PRESENT POSTOFFICE OF FATHER <b>Hartsville, S. C.</b>	(15) PRESENT POSTOFFICE OF MOTHER <b>Hartsville, S. C.</b>		
(10) COLOR OR RACE <b>B.</b> (11) AGE AT LAST BIRTHDAY <b>35</b> (Years)	(16) COLOR OR RACE <b>B.</b> (17) AGE AT LAST BIRTHDAY <b>38</b> (Years)		
(12) BIRTHPLACE <b>Marlboro County, S. C.</b>	(18) BIRTHPLACE <b>Darlington, S. C.</b>		
(13) OCCUPATION <b>Day Laborer.</b>	(19) OCCUPATION <b>House-wife</b>		
(20) Number of children born to mother, including present birth <b>14</b>	(21) Number of children of this mother now living, including present birth <b>11</b>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was **alive** ..... nt. **7a.** ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
**Flora Deason**  
(23) (Signature) (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Hartsville, S. C.**

Given name added from a supplemental report

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

(27) Filed **Jan 19 1922** (28) **M. J. M. Haysen** Local Registrar

\*When there was no attending physician or midwife, even 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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