

## (1) PLACE OF BIRTH

County of Chas. S. C.

Township of .....

Inc. Town of .....

City of Chas. S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

File No.—For State Registrar Only

10200Registered No. 578

(For use of Local Registrar)

St. 1336 Ward)(2) Full Name of Child Leroy 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

Apr 21 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Larence Edwards(9) PRESENT POSTOFFICE OF FATHER Chas. S. C.(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY

27  
(Years)(12) BIRTHPLACE Chas. S. C.(13) OCCUPATION Plumber

## MOTHER

(14) NAME BEFORE MARRIAGE Florence Ford(15) PRESENT POSTOFFICE OF MOTHER Chas. S. C.(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY

23  
(Years)(18) BIRTHPLACE Plantersville S. C.(19) OCCUPATION House(20) Number of children born to mother, including present birth 1(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 alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Oliver Bryant(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 15 Short St.

Given name added from a supplemental report:

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 4/2519 22Local Registrar Wm. L. Green

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.

RECEIVED BY SOUTHERN BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.