

Form No. 1

(1) PLACE OF BIRTH

County of *Fairfield*...
 Township of *#18*...
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42261

Registration District No. *1707* Registered No. *34*.....
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Ernest Ashford* { 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 *Dec. 2, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Brooke Ashford*
 (9) PRESENT POSTOFFICE OF FATHER *Backman S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *25* (Years)
 (12) BIRTHPLACE *Fairfield Co. S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Andersen*
 (15) PRESENT POSTOFFICE OF MOTHER *Backman S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *24* (Years)
 (18) BIRTHPLACE *Fairfield Co. S.C.*
 (19) OCCUPATION *Farm hand*
 (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Marie + Pollock*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Backman S.C.*

Given name added from a supplemental report

(26) Witness *Mrs. E. G. Friday*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec. 8, 1922* (28) *E. G. Friday* 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.

RECEIVED AT COLUMBIA, S. C. JAN 1 1923