

**File No.—For State Registrar Only**

(1) PLACE OF BIRTH

County of Berkeley..

Township of Eustaw.....

or  
Inc. Town of.....

OF

City of .....  
(If birth occurs in a hospital or

**STATE OF SOUTH CAROLINA**

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

Registration District No. 208 Registered No. 32  
(For use of Local Registrar)

6658

Registered No. ....  
(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Mch. 12, 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
1	2	3	4

(13) FULL NAME Isiah Ford. (14) NAME BEFORE MARRIAGE Mary Pinkney

1) PRESENT POSTOFFICE *Pe... S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Cross S.C.*

(10) COLOR OR	(11) AGE AT LAST BIRTHDAY	(12) COLOR OR	(13) AGE AT LAST BIRTHDAY	(14) COLOR OR	(15) AGE AT LAST BIRTHDAY	(16) COLOR OR	(17) AGE AT LAST BIRTHDAY
	22		22		22		28

ON RACE	negro	(Years)	
(12) BIRTHPLACE	LA		

<p><i>Berkeley Co.</i></p> <p>(11) OCCUPATION</p>	<p><i>Berkeley Co.</i></p> <p>(12) OCCUPATION</p>
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Farming. Housewife.

20) Number of children born to mother, including present birth 89

21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born... alive at 7 a.m.

I hereby certify that I attended the \_\_\_\_\_ (Born alive or stillborn) \_\_\_\_\_  
on the date above stated. \_\_\_\_\_  
(Signature) Lena Heddings

(23) Address of Physician or Midwife	Cross, S.C.
(24) State whether Physician or Midwife	midwife

Given name added from a supplemental report

(28) Witness William Cross Witness necessary only

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..... 19 .....

Registrar

(27) Filed *May 22 1919* Local Registrar.

..... than 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.