

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

37853

Registration District No.

Registered No. 127
(For use of Local Registrar)

(No. St.) Ward)

(2) Full Name of Child Thora Ford
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed3 SEX OR
SEX

girl

4 Twin
or Triplet

To be answered only in event of Twin or Triplet

5 Number in
order of birth6 Are
Parents
Married

yes

7 DATE OF
BIRTHnov 26 1923
(Month of Birth) (Day) (Year)8 FATHER'S
NAME9 PRESENT
POSTOFFICE
OF FATHER10 COLOR
OR
RACE

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to
mother, including present birth

FATHER.

Thomas Ford

Sumter S.C.

colored (11) AGE AT LAST
BIRTHDAY 26 (Years)

Sumter Co

farm work

1 3

14 NAME BEFORE
MARRIAGE15 PRESENT
POSTOFFICE
OF MOTHER16 COLOR
OR
RACE

18 BIRTHPLACE

19 OCCUPATION

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

MOTHER.

Laura Rivers

Sumter S.C.

colored (17) AGE AT LAST
BIRTHDAY 26 (Years)

Sumter S.C.

Housewife

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife Agnes Fox

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed

(28) 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.