

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.

Medaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 or
 Inc. Town of Barnwell
 or
 City of

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

Registration District No. 501

File No.—For State Registrar Only
28932

Registered No. 46
 (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 Helen May Ferguson child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 25 1922
 (Name) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Henry Ferguson
 (9) PRESENT POSTOFFICE OF FATHER Barnwell Co.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Barnwell Co.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Candice Harvey
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell Co.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Barnwell Co.
 (19) OCCUPATION H. W.

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was P.M. at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora Kuster
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife (Med Wg)

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) H. F. Kufelander 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.