

Rec Vol 21 No. 17705 1923

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Styphens
 or
 Inc. Town of Cornwall
 or
 City of

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

File No. — For State Registrar Only
41105

Registration District No. 706 Registered No.
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Ferguson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Ferguson
 (9) PRESENT POSTOFFICE OF FATHER Cornwall S.C.
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Cornwall
 (13) OCCUPATION painting
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Margaret Jenkins
 (15) PRESENT POSTOFFICE OF MOTHER Cornwall S.C.
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) alive
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Christina Ferguson

Given name added from a supplemental report

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

(27) Filed 19 (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.

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.
 MEDICAL DEPARTMENT, COLUMBIA, S. C.