

Form No. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of Leontineor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708

No. for State Registrar Only

3048

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Lewis Ferguson

If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number in order of birth <u>1</u>	(d) Sex of Mother <u>M</u>	(e) DATE OF BIRTH <u>Feb 7 1923</u>
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FATHER		MOTHER	
(1) FULL NAME <u>Sam Ferguson</u>	(14) BORN BEFORE MARRIAGE <u>No</u>	(15) FULL NAME <u>Susan Washington</u>	(14) BORN BEFORE MARRIAGE <u>No</u>
(2) PRESENT POSTOFFICE OF FATHER <u>Wrensboro</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Wrensboro</u>	(15) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(10) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>	(17) BIRTHPLACE <u>Berkley Co.</u>	(18) BIRTHPLACE <u>Berkley Co.</u>
(11) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of the mother now living, including present birth <u>one</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lewis Ferguson at Wrensboro on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Riddle(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wrensboro

(When name added from a supplemental report)

(26) Witness W. W. Riddle

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 6 1923 (28) D. S. Riddle

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child is born dead, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.

REMAIN REMOVED FROM RECORDS.  
WHERE PLAINLY. WITH THE RECORDS IN A PERMANENT RECORD.  
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