

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

71003

(1) PLACE OF BIRTH

County of Abbeville  
Township of Darmonville  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Abbeville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 104 Registered No. 33  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 14, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Charles Ferguson (14) NAME BEFORE MARRIAGE Corrie Annander Evans  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE Abbeville Co. (18) BIRTHPLACE Abbeville Co.  
(13) OCCUPATION Farmer (19) OCCUPATION Home Keeping  
(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 born alive at 29 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed 8/17 1916 (28) [Signature] 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.

WRITE PRINTED NAMES AND ADDRESSES IN SEPARATE BLANK FOR EACH CHILD, and mark the 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. McCRAW OF COLUMBIA, COLUMBIA, S. C.