

(1) PLACE OF BIRTH

County of Darlington
Township of Hansville

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

File No.—For State Registrar Only

45977

Inc. Town of Registration District No. 1002 Registered No. 1
or (For use of Local Registrar)
City of (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 Morton Ferguson If child is not yet named, make supplemental report as directed

(3) BOY Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE May, 27 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morton F. Miller
(9) PRESENT POSTOFFICE OF FATHER Hansville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Darlington Co. S.C.
(13) OCCUPATION Book Keeping
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Celia Manship
(15) PRESENT POSTOFFICE OF MOTHER Hansville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Moultrie Co. S.C.
(19) OCCUPATION Housewife
(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 born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hansville S.C.

Given name added from a supplemental report
191...
Registrar

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

(27) Filed Jan 29 1916 (28) A. Ferguson, Jr. 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.

Registrar Local Registrar

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FORM NO. 4 MICHIGAN RECEIVED FROM BIRTHING WITNESSES. WITH LEADING 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 3. N. B. MICHIGAN of Columbia