

FORM NO. 8
MARGIN RESERVED FOR HANDING.
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.
CITY of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

80523

Township of

or

Inc. Town of

or

City of

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

Registration District No. 9A

Registered No. 1115

(For use of Local Registrar)

St. 2 Ward

(2) Full Name of Child Martha Ferguson

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 3
to be answered only in event of Twin or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 15 1916

(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME David Ferguson

(9) PRESENT POSTOFFICE OF FATHER Charleston SC

(10) COLOR OR RACE W. C.

(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Cook

MOTHER:

(14) NAME BEFORE MARRIAGE Martha Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE W. C.

(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Maid

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Philip P. A. Tamm

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 8 Montague

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed 1916

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(28)

J. Morris
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 pregnancy.