

Form No. 10.

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.

State of Columbia

(1) PLACE OF BIRTH
 County of Charleston
 Township of Northville
 or
 Inc. Town of Great Falls
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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

File No.—For State Registrar Only
89010

Registration District No. 1407 Registered No. 101
 (For use of Local Registrar)

(2) Full Name of Child Mattie 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 16, 1916
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME L. S. Ferguson (14) NAME BEFORE MARRIAGE Fattie Baker
 (9) PRESENT POSTOFFICE OF FATHER Great Falls (15) PRESENT POSTOFFICE OF MOTHER Great Falls
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Years) (Years)
 (12) BIRTHPLACE Northville S.C. (18) BIRTHPLACE Northville S.C.
 (13) OCCUPATION Cotton Mill (19) OCCUPATION Cotton Mill
 (20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 o'clock a.m. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) J. Urban (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Great Falls

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 11/15 1917 (28) B. T. Vandone 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.

For Only

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