

Form No. 3

## (1) PLACE OF BIRTH

County of Marion  
 Township of Hardaux  
 or  
 Inc. Town of M. Cornick  
 or  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only  
**21797**

Registration District No. 4500 Registered No. ....  
 (For use of Local Registrar)

City of \_\_\_\_\_ (No. .... St.; .... Word)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lue Lee Ferguson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 25, 1923</u> (Month of birth) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Robert Ferguson</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Mae Parker</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>M. Cornick</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>M. Cornick</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>A. B.</u>		(18) BIRTHPLACE <u>D. C.</u>		
(13) OCCUPATION <u>Labourer</u>		(19) OCCUPATION <u>Labourer</u>		
(20) Number of children born to mother, including present birth <u>13</u>		(21) Number of children of this mother now living, including present birth <u>13</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Lue at 3 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Smith (Midwife)  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M. Cornick

Given name added from a supplement-  
 al report

(26) Witness M. W. Heath  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)

(27) Filed 1-5-23 (28) M. W. Heath  
 Registrar 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.