

(1) PLACE OF BIRTH

County of BEAUFORT.....

Township of Hiltonhead.....

or
In Town of.....

City of.....

(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

Registration District No. 602..... Registered No. 4.....

(For use of Local Registrar)

(2) Full Name of Child Alice Ferguson

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

(a) SEX OR GENDER Girl	(b) Twin or Triplet To be answered only in case of Twin or Triplet	(c) Number in order of birth 5	(d) Live born yes	(e) DATE OF BIRTH Feb. 21, 1925 (Name of Month) (Day) (Year)
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FATHER.

(a) FULL
NAME William Ferguson(b) PRESENT
RESIDENCE
OF FATHER Hiltonhead, S. C.(10) COLOR
or
RACE NEGRO (11) AGE AT LAST
BIRTHDAY 25
(Years)(12) BIRTHPLACE
S. C.(13) OCCUPATION
Farmer(14) Number of children born to
father, including present birth 5

MOTHER.

(10) NAME BEFORE
MARRIAGE Nancy Grant(10) PRESENT
RESIDENCE
OF MOTHER Hiltonhead, S. C.(10) COLOR
or
RACE NEGRO (11) AGE AT LAST
BIRTHDAY 21
(Years)(12) BIRTHPLACE
S. C.(13) OCCUPATION
Farm Laborer(14) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive..... at 5..... A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) *Nancy Grant*(22) State whether Physician or Midwife (23) Address of Physician or Midwife
Midwife Hiltonhead, S. C.Give name added from a supplement-
tal report(24) Witness *W. A. Brown*
(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar(25) Filed F.O.O. 25, 1925 (26) *W. A. Brown*When there was no attending physician or midwife, then the father, householder, etc., should sign.
If a child breathes even once, it must not be reported as stillborn. No report is desired at all
before the fifth month of pregnancy.