

(1) PLACE OF BIRTH

County of Charleston
 Municipality of James Island
 or
 City of

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

No. 570

Registration District No. 904 Registered No. 7
 (For use of Local Registrar)

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

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

(3) Sex Female (4) Age at Birth 24 (5) Date of Birth Jan 23, 1923
 Is it immediately in front of Father or Mother

FATHER
 (10) NAME BEFORE MARRIAGE Jacob Ferguson
 (11) PRESENT ADDRESS OF FATHER
 (12) COLOR Col (13) AGE AT LAST BIRTHDAY 24
 (14) BIRTHPLACE James Island
 (15) OCCUPATION Tenant farmer
 (16) Number of children born to mother, including present birth 2

MOTHER
 (10) NAME BEFORE MARRIAGE Viola Smalls
 (11) PRESENT ADDRESS OF MOTHER P.O. Charleston
 (12) COLOR Col (13) AGE AT LAST BIRTHDAY 21
 (14) BIRTHPLACE James Isld
 (15) OCCUPATION Housewife
 (16) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(18) (Signature) Mary Watson
 (19) State whether Physician or Midwife (20) Address of Physician or Midwife Midwife P.O. Charleston

Given name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (22) Signed Jan 24, 1923

When there was no attending physician or midwife, then the father or mother must sign this certificate. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.