

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.

City of Columbia.

McG

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Burseret
 or
 Inc. Town of Registration District No. 101 Registered No. 31
 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
62768

(2) Full Name of Child Vivie Rebecca { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Samuel Ferguson</u>		(14) NAME BEFORE MARRIAGE <u>Vivie Spence</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>McCombs Co</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>McCombs Co</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>53</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Abbeville Co.</u>		(18) BIRTHPLACE <u>Abbeville Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour, M or P. M.)

(23) (Signature) A. M. Fuller, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCombs Co.

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 July 1, 1916 (28) J. B. Dawson
 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.

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