

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 8.

(1) PLACE OF BIRTH

County of Columbia
Township of Indian
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26786

Registration District No. 104

Registered No. 421
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 7, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Glenn Ferguson
(9) PRESENT POSTOFFICE OF FATHER Shelville X Route
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Rob. Co.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Irene Campbell
(15) PRESENT POSTOFFICE OF MOTHER Shelville X Route
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)
(18) BIRTHPLACE Rob. Co.
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 7 sons (21) Number of children of this mother now living, including present birth 7 sons

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. D. H. H. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Antietam S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/10 1923 (28) J. H. H. H. 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.