

WRITE PLAINLY, WITH INK, IN SPACES PROVIDED. 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 1.

McCormick & Co., Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville  
Township of Abbeville  
OF  
Inc. Town of .....  
OF  
City of Abbeville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19579

Registration District No. 1a Registered No. 59  
(For use of Local Registrar)

(No. 194 S. Main 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 Jas Thomas Ferguson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 20 (7) DATE OF BIRTH July 18 19 23  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jas Edgett Ferguson

(9) PRESENT POSTOFFICE OF FATHER Abbeville, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Abbeville, S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Hammond

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 ..... (Years)

(18) BIRTHPLACE Elbert Co. Ga.

(19) OCCUPATION Mill Work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) G. G. Gambrell, M. D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville, 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 July 19 19 23 (as Miss Julia Wilkerson 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.

..... 19 ..... Registrar (27) Filed July 19 19 23 Local Registrar

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