

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.

McGraw of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Laurens  
Township of Jackson  
or  
Inc. Town of .....  
or  
City of .....

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

(2) Full Name of Child Dorothy Ferguson

File No.—For State Registrar Only  
**35240**

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

Registration District No. 2903 Registered No. 47  
(For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Oct 4 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Elbert M. Mace  
(9) PRESENT POSTOFFICE OF FATHER .....  
(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Year)  
(12) BIRTHPLACE .....  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Old Ferguson  
(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 15 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION farm laborer  
(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 born alive at 195 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie L. Turner  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness J. L. W. Bailey  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 15 1922 (28) L. W. Copeland Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.