

(1) PLACE OF BIRTH

County of ChesterTownship of 1Inc. Town of LibertyCity of Liberty

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45756

Registration District No. 1102 Registered No. 7

(For use of Local Registrar)

(No. 6 Sweeney St. W. G. M. 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 Stewart Lindsay Ferrell { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Yes

(4) Twin or triplet?

to be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 5 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Holmes Lindsay Ferrell(9) PRESENT POSTOFFICE OF FATHER Chester(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Chester County(13) OCCUPATION Machine operative(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie May Dunn(15) PRESENT POSTOFFICE OF MOTHER Chester(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Chester County(19) OCCUPATION House wife(20) 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 7 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. R. R.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 10 1916 (28) 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.

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FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

McCaw

THIS FORM IS PRINTED FOR THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, AND IS TO BE USED IN THE STATE OF SOUTH CAROLINA.