

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.

McCaw, of Columbia

County of <u>Berkely</u>		Division of Vital Statistics		State Board of Health		160	
Township of <u>Berkely</u>		Registration District No. <u>708</u>		Registration No. <u>48229</u>			
Incl. Town of <u>Berkely</u>		City of <u>Broughton</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Rachel Ferguson</u>							
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb 13 1916</u>	(If child is not yet named, make supplemental report as directed)		
FATHER.				MOTHER.			
(8) FULL NAME <u>Henry Ferguson</u>				(14) NAME BEFORE MARRIAGE <u>Julia Broughton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Trial S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Trial</u>			
(10) COLOR OR RACE <u>Negro</u>				(16) COLOR OR RACE <u>Negro</u>			
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)			
(12) BIRTHPLACE <u>Trial S.C.</u>				(18) BIRTHPLACE <u>Trial</u>			
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>one</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 <u>alive</u> at <u>9 a.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)							
(23) (Signature) <u>Benita Broughton</u>							
(24) State whether Physician or Midwife <u>midwife</u>							
(25) Address of Physician or Midwife <u>Ferguson S.C.</u>							
Given name added from a supplemental report				(26) Witness <u>E. G. Palmer</u>			
....., 191....				(Signature of Witness necessary only when question 23 is signed by mark)			
Registrar				(27) Filed <u>Feb 13 1916</u> (28) <u>W. W. Cassel</u> 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.

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registration