

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — <u>Far State Registrar Only</u> <u>23578</u>	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA			
Township of <u>Liberty</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>3705</u>		Registered No. <u>105</u>	
or				(For use of Local Registrar)	
City of <u>Liberty</u>		(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 <u>Hattie Catherine Ferguson</u> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>James Israel Ferguson</u>			(14) NAME BEFORE MARRIAGE <u>Willie Sheppard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Pickens Co S.C.</u>			(18) BIRTHPLACE <u>Tuscaloosa, Ala.</u>		
(13) OCCUPATION <u>Turning</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</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 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ann M. Wilborn</u>					
(24) State whether <u>Midwife</u> (25) Address of Physician or Midwife <u>Mark Liberty SC R 2</u>					
Given name added from a supplemental report .....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....		
....., 19 .....			(27) Filed <u>Aug 8</u> 19 <u>22</u> (28) <u>John T. Boyer</u> Local Registrar.		
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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