

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. Michael*Inc. Town of *Charleston*City of *Charleston*No. *3 Mile*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-10 111 112 113 114 115 116 117 118 119 120

591

Registration District No. *909*Registered No. *5*

(For use of Local Registrar)

(2) Full Name of Child *Louis Ferguson*

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

(3) SEX OR  
CHILD *boy*(4) Type  
of Twin(5) Number in  
order of birth(6) Are  
Twin  
Marked(7) DATE OF  
BIRTH *Jan 2 1923*(8) (Name of Month) *Jan* (Year) *23*

## FATHER

(9) FULL  
NAME *Peter Ferguson*(10) PRESENT  
POST OFFICE  
OF FATHER *Myrtle P.O.*(11) COLOR  
OR  
RACE *colored*(12) AGE AT LAST  
BIRTHDAY *27 yrs.*(13) BIRTHPLACE  
*Eutawville, S.C.*(14) OCCUPATION  
*Labourer*

## MOTHER

(15) NAME BEFORE  
MARRIAGE *Victoria Bennett*(16) PRESENT  
POST OFFICE  
OF MOTHER *Myrtle P.O.*(17) COLOR  
OR  
RACE *colored*(18) AGE AT LAST  
BIRTHDAY *20 yrs.*(19) BIRTHPLACE  
*Eutawville, S.C.*(20) OCCUPATION  
*Domestic*(21) Number of children born to  
mother, including present birth*3*(22) Number of children of this mother  
now living, including present birth*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was  
on the date above stated.(24) Born alive or stillborn *born alive* at *12* M.  
(Hour, M. or P. M.)(25) (Signature) *Nazae Hoodwin*(26) State whether Physician or Midwife *Midwife*

(27) Address of Phys. or Midwife

Given name added from a supplement-  
tal report

(28) Witness

(Signature of Witness necessary only  
when question 23 is signed by)(29) Filed *Jan 14 1923*(30) *G. F. Myers*\*When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.