

(1) PLACE OF BIRTH

County of YamoussburgTownship of Lawe

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

Leather Ferrell(3) SEX OR
GIRL Boy(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parent
Married Yes(7) DATE OF
BIRTH Nov 28
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Moses Ferrell(9) PRESENT
POSTOFFICE
OF FATHER Balters Depot S.C.(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 22
(Year)(12) BIRTHPLACE
Yamoussburg co. S.C.(13) OCCUPATION
Laborer(14) Number of children born to
mother, including present birth 2

MOTHER.

(15) NAME BEFORE
MARRIAGE Alice Nelson(16) PRESENT
POSTOFFICE
OF MOTHER Balters Depot S.C.(17) AGE AT LAST
BIRTHDAY 20
(Year)(18) COLOR
OR
RACE negro(19) BIRTHPLACE
Yamoussburg co. S.C.(20) OCCUPATION
farm Laborer(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11:00 M.,
(Born alive or stillborn), (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Rachel Freason(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Balters Depot S.C.(Given name added from a supplement
report)(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 5 1923 (28) A.R. Moseley
Local RegistrarWhen 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.