

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hiltonhead
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

335

Registration District No. 802Registered No. 1
(For use of Local Registrar)(No. St. Ward)(2) Full Name of Child Catherine Ferguson

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

(3) SEX OR CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 8, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Ferguson
 (9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Washington
 (15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Days Laborer
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born, alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Wm. A. Perdue
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 8, 1922

(28)

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.

NOT TO BE REPRODUCED OR USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. IN CASE OF TWINNING OR TRIPLETTING, No. 1, THIS OFFICE, No. 2, etc., in question 3.