

FORM NO. 7 MARGIN RESERVED FOR BINDING.

WHEN PLACED IN A BINDER WITH READING TAB—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 2.

McGraw-Hill

(1) PLACE OF BIRTH

County of Florence

Township of Immunsville

Inc. Town of Immunsville

City of Immunsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42875

Registration District No. 2015

Registered No. 174

(For use of Local Registrar)

(2) Full Name of Child

Margaret Ferguson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 1 1915
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Stephen Anderson

(9) PRESENT POSTOFFICE OF FATHER Immunsville SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Florence, S.C.

(13) OCCUPATION Book Keeper

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Hurt May Wilson

(15) PRESENT POSTOFFICE OF MOTHER Immunsville SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Florence, S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Immunsville, S.C. on the date above stated.

(23) (Signature) C. A. Foster, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immunsville, S.C.

Given name added from a supplemental report

May 21, 1916.
C. A. Foster
Registrar

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

(27) Filed 101 (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.

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