

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Cross Keyor
Inc. Town of S.C.or
City of S.C.

(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

File No.—For State Registrar Only

32560

Registration District No. 4200 Registered No. 33
(For use of Local Registrar)(2) Full Name of Child Will James Ferguson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 7, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Grant Ferguson9) PRESENT POSTOFFICE OF FATHER Union S.C.10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 35 (Years)12) BIRTHPLACE Union County13) OCCUPATION farmer14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Isabella Ferguson15) PRESENT POSTOFFICE OF MOTHER Union S.C.16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Years)18) BIRTHPLACE Union County19) OCCUPATION Field Hand20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness J.C. Moseley
(Signature of Witness necessary only when question 24 is signed by mark)(27) Filed 19 (28) L.F. Moseley 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.