

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—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 3.

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of .....

or Inc. Town of .....

City of *Spartanburg*, .....

(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

32127

Registration District No. *40-0* Registered No. *420*

(For use of Local Registrar)

(No *Spartanburg Genl. Hospital*) ..... *H. H. Ward*

(2) Full Name of Child *Katherine Mack Fergusson*

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 *One* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 8, 1922*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Levin M. Fergusson*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg, S.C.*

(10) COLOR OR RACE *White American* (11) AGE AT LAST BIRTHDAY *56* (Years)

(12) BIRTHPLACE *Chesta County, S.C.*

(13) OCCUPATION *Manager Life Insurance Co.*

(20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Kate Mary Mack*

(15) PRESENT POSTOFFICE OF MOTHER *140 Alabama St., Spartanburg, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *43* (Years)

(18) BIRTHPLACE *Hardwick, Vermont.*

(19) OCCUPATION *Household duties.*

(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* ..... at *9:57 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *James L. Fergusson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *10-1-22* (28) *Gas. Copes* 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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